SURGERY

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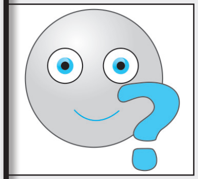

Section B

Practice Questions 789
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

Section A

1. ENDOCRINE SURGERY

A. Breast
B. Thyroid
C. Parathyroid and Adrenal Glands

ENDOCRINE SURGERY (QUESTIONS)

A. BREAST

1. Fibroadenoma of the breast are: (TN 2001)
- a. Fixed mass
- b. Diffuse mass
- c. Multiple diffuse mass
- d. Solitary mobile mass

Ref: Bailey 25/e p836; Schwartz 9/e p433-434; Sabiston 19/e p827

2. Pre-menstrual fullness in breast in 21-year-old unmarried female is: (AIIMS 2003)
- a. Galactocele
- b. Fibroadenoma
- c. Fibroadenosis
- d. Breast cancer

Ref: Schwartz 9/e p433-435; Sabiston 19/e p827-828; Bailey 25/e p835

3. Regarding cystic disease of breast, which one is true:
- a. Common in 25 years of age (AIIMS Nov 2001)
- b. Excision is the treatment
- c. May turn into malignant
- d. Aspiration is the treatment

Ref: Bailey 25/e p836

4. Distressing complication after modified radical mastectomy: (APPG 2008, Orissa 2009)
- a. Lymphedema
- b. Axillary vein thrombosis
- c. Seroma
- d. Death

Ref: Schwartz 9/e p461; Sabiston 19/e p852-853; Bailey 26/e p813, 25/e p842

5. The tumour, which may occur in the residual breast or overlying skin following wide local excision and radiotherapy for mammary carcinoma is:
- a. Leiomyosarcoma (All India 2008)
- b. Squamous cell carcinoma
- c. Basal cell carcinoma
- d. Angiosarcoma

Ref: Schwartz 9/e p469; Sabiston 19/e p845; Bailey 26/e p816, 25/e p845

6. Complication of post mastectomy lymphedema is:
- a. Metastases of cancer (JIPMER 2008)
- b. Recurrence
- c. Lymphosarcoma
- d. Pain

7. Pain along medial aspect of arm in a post-mastectomy patient is due to: (DNB 2009, 2008)
- a. Phantom breast pain
- b. Intercostobrachial neuralgia
- c. Neuroma pain
- d. Other nerve injury pain

Ref: Medical Care of Cancer Patients by Sai-Ching Jim Yeung, Carmen P. Escalanate, Robert F

8. Reconstruction surgery in breast carcinoma, best myocutaneous flap is: (UPPG 2009)
- a. Pectoralis minor
- b. Pectoralis major
- c. Latissimus dorsi
- d. Transverse rectus abdominis

Ref: Schwartz 9/e p462-463; Sabiston 19/e p871-875; Bailey 26/e p816-817, 25/e p845

9. Flap commonly used in breast reconstruction is: (TN 2003)
- a. Serratus anterior
- b. TRAM
- c. Flap from arm
- d. Deltopectoral flap

Ref: Schwartz 9/e p462-463; Sabiston 19/e p871-875; Bailey 26/e p816-817, 25/e p845

10. All of the following are used for reconstruction of breast except: (AIIMS Nov 2000)
- a. Transverse rectus abdominis myocutaneous flap
- b. Latissimus dorsi myocutaneous flap
- c. Pectoralis major myocutaneous flap
- d. Transversus rectus abdominis free flap

11. Which of the following flaps gives best cosmetic results for breast reconstruction: (MHPGMCET 2008)
- a. Pectoralis major muscle flap
- b. Latissimus dorsi flap
- c. Transversus rectus abdominis muscle flap
- d. Serratus anterior muscle flap

12. The most important prognostic factor of carcinoma breast is:
- a. Tumour size (Comed K 2010)
- b. DNA content of tumour
- c. Histologic subtype
- d. Tumour grade

Ref: Schwartz 9/e p453-454; Bailey 26/e p811, 25/e p841; Harrison 17/e p566

13. Prognosis of breast cancer depends mostly upon:
- a. Size of tumour (Punjab 2008)
- b. Axillary lymph node status
- c. Grade of tumour
- d. Estrogen and progesterone receptor

Ref: Schwartz 9/e p453-454; Bailey 26/e p811, 25/e p841

Ans.
1. d. Solitary mobile mass **2.** c. Fibroadenosis **3.** d. Aspiration... **4.** a. Lymphedema...
5. d. Angiosarcoma **6.** c. Lymphosarcoma. **7.** b. Intercostobrachial... **8.** d. Transverse...
9. b. TRAM **10.** c. Pectoralis... **11.** c. Transversus... **12.** a. Tumor size....
13. b. Axillary...

14. Good prognostic markers in breast cancer: (PGI Dec 2006)
- a. ER +ve
- b. PR +ve
- c. HER-2-neu +ve
- d. CD44 +ve
- e. p53 +ve

15. Not a poor prognostic factor in breast carcinoma:
- a. Her-2-neu +ve (PGI May 2011)
- b. Progesterone receptor +ve
- c. Extranodal metastasis
- d. Vascularity of tumor
- e. ER +ve

16. Good prognosis in breast carcinoma are all except:
- a. Positive estrogen progesterone hormone receptor
- b. High HER-2-neu oncogene (UPPG 2010)
- c. DNA flow cytometry shows-diploidy
- d. Low cathepsin-D
- e. Tumour labeling index <3%

17. The most important prognostic factor in carcinoma breast is:
- a. Size of tumour (DPG 2009 Feb)
- b. Skin involvement
- c. Involvement of muscles
- d. Axillary LN involvement

18. Prognosis of breast cancer is best determined by:
- a. Estrogen/progesterone receptors (APPG 2008)
- b. Axillary lymph node status
- c. Clinical assessment
- d. CT

19. Most carcinoma poor prognosis is seen in which type of breast cancer: (MCI Sept 2007)
- a. Tubular carcinoma
- b. Medullary carcinoma
- c. Colloid carcinoma
- d. Inflammatory carcinoma

20. Most important prognostic factor for breast carcinoma is:
- a. Age of the patient (MCI March 2005)
- b. Lymph node involvement
- c. Genetic factors
- d. Family history

21. In case of CA breast most important prognostic factor is:
- a. Size of tumor (AIIMS Nov 2004, Feb 2005)
- b. Lymph node status
- c. Presence of estrogen receptor
- d. Age of menopause

22. Prognosis in male breast cancer depends mainly on:
(AIIMS May 2006)
- a. Duration of disease
- b. Nipple discharge
- c. Ulceration of nipple
- d. Lymph node status

Ref: Schwartz 9/e p468; Sabiston 19/e p865-866; Bailey 26/e p819, 25/e p848

23. The risk factor for increased incidence of relapse in stage I breast carcinoma includes all except:
- a. Negative estrogen/progesterone receptor status
- b. High 'S' phase (All India 2011)
- c. Aneuploidy
- d. Decreased Her-2-neu oncogene

24. In breast cancer following are expressed:
- a. Her-2-neu (PGI Dec 2007)
- b. p53
- c. BRCA-1
- d. BCL-1
- e. CEA

25. In breast carcinoma metastasis, prognosis depends best upon:
- a. Estrogen receptor status (All India 2009)
- b. Axillary lymph node status
- c. Size of tumour
- d. Site of tumour

26. Features, which are evaluated for histological grading of breast carcinoma, include all of the following except:
(AIIMS Nov 2005)
- a. Tumour necrosis
- b. Mitotic count
- c. Tubule formation
- d. Nuclear pleomorphism

Ref: Bailey 25/e p838

27. The most important prognostic factor in breast carcinoma is: (All India 2006)
- a. Histological grade of the tumour
- b. Stage of the tumour at the time of diagnosis
- c. Status of estrogen and progesterone receptors
- d. Over expression of p53 tumor suppressor gene

28. Estrogen receptor studies in carcinoma breast is done on:
(JIPMER 2007)
- a. Blood
- b. Urine
- c. Tumor tissue
- d. Ovary

Ref: Schwartz 9/e p453; Sabiston 19/e p842-845; Bailey 26/e p816, 25/e p838

29. A 45-year-old postmenopausal lady presents with an 8 cm breast lump that is adherent to the skin, with one firm apical lymph node in the axilla and one more node in the ipsilateral supraclavicular area with no clinical evidence of distant metastasis. The staging is: (ComedK 2010)
- a. T3 N2 M1
- b. T4 N3c M0
- c. T4 N2c M1
- d. T3 N3 M0

Ref: Schwartz 9/e p452; Sabiston 19/e p847; Bailey 25/e p841

Ans.
14. a. ER +ve, b. PR +ve
15. b. Progesterone...
16. b. High HER-2-neu...
17. d. Axillary LN involvement
18. b. Axillary lymph...
19. d. Inflammatory carcinoma
20. b. Lymph node involve...
21. b. Lymph node status
22. d. Lymph node status
23. d. Decreased Her-2-neu...
24. a., b., c., e.
25. a. Estrogen receptor status
26. a. Tumour necrosis
27. b. Stage of the tumor...
28. c. Tumor tissue
29. d. T3 N3 M0

30. In patients with breast cancer, chest wall involvement means involvement of any one of the following structures except: (DPG 2010, AIIMS Nov 2005)

a. Serratus anterior
b. Pectoralis major
c. Intercostal muscles
d. Ribs

Ref: Schwartz 9/e p452; Sabiston 19/e p847; Bailey 25/e p841

31. Ipsilateral supraclavicular lymph nodes are positive in a patient of CA breast. Stage is: (AIIMS Nov 2008)

a. II
b. III B
c. III C
d. IV

32. CA breast stage T4b involves all except: (AIIMS May 2012)

a. Nipple retraction
b. Skin ulcer over the swelling
c. Dermal edema
d. Satellite nodule

33. 4 cm breast nodule with ipsilateral mobile LN in axilla staging: (PGI June 2000, Dec 2001)

a. T2N1M0
b. T2N2M0
c. T1N1M0
d. T3N2M1

34. Which of the following stage of breast cancer corresponds with following feature: Breast mass of 6 3 cm size with hard mobile ipsilateral axillary lymph node and ipsilateral supraclavicular lymph node: (AIIMS June 2000)

a. T4N2M0
b. T3N1M1
c. T4N1M1
d. T3N3M0

35. A 43-year-old lady presents with a 5 cm lump in right breast with a 3cm node in the supraclavicular fossa. Which of the following TNM stage she belongs to as per the latest AJCC staging system: (AIIMS June 2004)

a. T2N0M1
b. T1N0M1
c. T2N3M0
d. T2N2M0

36. Stage T1N0M0 in breast cancer indicates:

a. Tumor more than 2 cms in diameter without axillary nodes and absent metastasis (UPSC 2001)
b. Tumour 2cms or less without axillary nodes and not metastasis
c. Tumour fixed to the chest wall without axillary nodes or distant metastasis
d. Tumour fixed to the underlying muscle with no nodes in axilla but with distant metastasis

37. A 45-year-old lady present with a lump in her right breast. The lump is 4 cms in diameter with evidence of cutaneous edema (Peau d' orange), not fixed to pectoralis major muscle. The axillary lymph nodes are not enlarged. What is the status of T in TNM classification: (ICS 2000)

a. T1>2 cm
b. T2 is 2-5 cm
c. T3>5 cm
d. T4 is any size

38. True about modified radical mastectomy is:

a. Pectoralis major is removed (Punjab 2007)
b. Axillary lymph nodes are preserved
c. Pectoralis minor is divided
d. Internal mammary lymph nodes are removed

Ref: Schwartz 9/e p460-461; Sabiston 19/e p849-853; Bailey 26/e p813-814, 25/e p842

39. Breast conservation surgery includes: (PGI Dec 2007)

a. Lumpectomy
b. Radiotherapy
c. Chemotherapy
d. Axillary LN dissection
e. Sentinel LN biopsy

Ref: Schwartz 9/e p460-461; Sabiston 19/e p850-851; Bailey 26/e p813-814, 25/e p843

40. Contraindication for radical mastectomy in CA breast:

a. Distant metastasis (PGI Dec 2006)
b. Fixity to chest wall
c. Axillary LN involvement
d. Supraclavicular LN involvement

Ref: Breast diseases by Jay R. Harris 2/e p354; Bailey 25/e p839, 840

41. Breast conservation surgery indicated in: (PGI Nov 2011)

a. Tumor size < 4 cm
b. Central
c. Mobile
d. Pendulous breast
e. Diffuse microcalcification

42. All of the following are removed in radical mastectomy except:

a. Pectoralis major (MHPGMCET 2005, AIIMS 2006)
b. Pectoralis minor
c. Axillary lymph node
d. Supraclavicular lymph node

Ref: Schwartz 9/e p461; Bailey 26/e p813, 25/e p842

43. In Patey's modified mastectomy, which of the following is preserved: (MHSSMCET 2006)

a. Intercostobrachial nerve
b. Pectoralis major
c. Pectoralis minor
d. Axillary fascia

Ans.
30. b. Pectoralis major **31.** c. IIIC **32.** a. Nipple retraction **33.** a. T2N1M0
34. d. T3N3M0 **35.** c. T2N3M0 **36.** b. Tumour 2 cm... **37.** d. T4 is any size
38. c. Pectoralis... **39.** a., b., d., e. **40.** a. Distant metastasis **41.** a. Tumor size..., c. Mobile
42. d. Supraclavicula.... **43.** b. Pectoralis major

44. Patey's mastectomy following are preserved except: (MHSSMCET 2009)
a. Teres Major
b. Teres Minor
c. Axillary vein
d. Breast

45. Drug used in estrogen dependent breast cancer: (AIIMS May 2012)
a. Tamoxifene
b. Clomiphene citrate
c. Estrogen
d. Adriamycin
Ref: KDT 6/e p304; Goodman and Gillman's 10/e p1440, 1441

46. Components of QUARTZ except: (MHSSMCET 2009)
a. Quadrantectomy
b. Axillary dissection
c. Radiotherapy
d. Tamoxifen

47. Chronic treatment with tamoxifen can cause carcinoma of: (Comed K 2010, 2007)
a. Ovary
b. Endometrium
c. Cervix
d. Vulva
Ref: KDT 6/e p304; Goodman and Gillman's 10/e p1440, 1441

48. Use of tamoxifen for breast cancer can cause all of the following adverse effects, except:
a. Thromboembolism
b. Endometrial carcinoma
c. Carcinoma in contralateral breast
d. Cataract (AIIMS May 2011, DPG 2011, PGI Dec 2001)

49. A 75-year-old hypertensive lady has a 2 2cm infiltrating duct cell carcinoma in the subareolar region. There are not palpable lymph nodes and distant metastases. However, she had been treated for pulmonary tuberculosis 20 years ago. The best course of management would be:(UPSC 2004)
a. Modified radical mastectomy followed by radiotherapy
b. Modified radical mastectomy followed by 6 cycles of chemotherapy
c. Breast conservation surgery followed by radiotherapy
d. Modified radical mastectomy followed by hormone therapy
Ref: Schwartz 9/e p454-457; Sabiston 19/e p858-864; Bailey 26/e p812-816, 25/e p841-842

50. True about treatment of early breast cancer:
a. Aromatase inhibitors are replacing tamoxifen in premenopausal women (AIIMS May 2008)
b. Postmastectomy radiation therapy is given when 4 or more lymph nodes are positive
c. Tamoxifen is not useful in post-menopausal women
d. In premenopausal women, multidrug chemo-therapy is given in selected patients
Ref: Schwartz 9/e p463; Sabiston 19/e p858; Bailey 26/e p814, 25/e p843

51. Simple mastectomy includes removal of: (MCI Sept 2005 and 2006)
a. Only breast
b. Breast and axillary nodes
c. Breast + axillaries nodes + pectoralis major muscle
d. Breast + axillaries nodes + pectoralis major muscle+ pectoralis minor muscle

52. Superolateral boundary of axillary dissection is: (DNB 2010)
a. Clavipectoral fascia
b. Brachial plexus
c. Axillary artery
d. Axillary vein
Ref: Gray's 39/e p841

53. A 50-year-old female has undergone mastectomy for CA breast. After mastectomy patient is not able to extend adduct and internally rotate the arm. Now supply to which of the following muscle is damaged: (AIIMS May 2012)
a. Pectoralis major
b. Teres minor
c. Lattisimus dorsi
d. Long head of triceps
Ref: BDC 4/e pvol-I/62

54. In Patey's mastectomy, the step not done is: (PGI 2001)
a. Nipple and areola removed
b. Surrounding normal tissue of tumor is removed
c. Pectoralis major removed
d. Pectoralis minor removed

55. Which one is used in CA Breast: (DPG 2007)
a. Daunorubicin
b. Doxorubicin
c. Cisplatin
d. Actinomycin D
Ref: Bailey 26/e p815, 25/e p844; Schwartz 9/e p263

56. Structure not removed in radical mastectomy is:
a. Pectoralis major (DPG 2006)
b. Pectoralis minor
c. Nerve to serratus anterior
d. Latissimus dorsi muscle

57. Malti, a 45 years female patient with a family history of breast carcinoma, showed diffuse microcalcification on mammography. Indraductal carcinoma in situ was seen on biopsy. Most appropriate management is:
a. Quadrantectomy (AIIMS June 2001)
b. Radical mastectomy
c. Simple mastectomy
d. Chemotherapy

58. CA breast stage I and II managed by: (PGI Dec 2002)
a. Total mastectomy
b. Modified radical mastectomy
c. Lumpectomy and axillary clearance
d. Lumpectomy, axillary clearance and radiotherapy

Ans.	**44.** d. Breast	**45.** a. Tamoxifene	**46.** d. Tamoxifen	**47.** b. Endometrium
	48. c. Carcinoma in....	**49.** d. Modified radical...	**50.** b. Postmastectomy...	**51.** a. Only breast...
	52. d. Axillary vein	**53.** c. Latissimus dorsi	**54.** c. Pectoralis major....	**55.** b. Doxorubicin
	56. d. Lattisimus dorsi	**57.** c. Simple mastectomy	**58.** b. Modified..., d. Lum...	

59. For CA breast, best chemotherapeutic regimen:

a. Cyclophosphamide, methotrexate, 5-fluorouracil
b. Methotrexate, cisplatin (AIIMS Sept 2000, PGI June 2003)
c. Cisplatin, adrimaycin, steroid
d. Methotrexate, adriamycin, steroid

60. A 30-year-old female presented with unilateral breast cancer associated with axillary lymph node enlargement. Modified radical mastectomy was done, further treatment plan will be: (AIIMS May 2007)

a. Observation and follow-up
b. Adriamycin based chemotherapy followed by tamoxifen depending on estrogen/progesterone receptor status
c. Adriamycin based chemotherapy only
d. Tamoxifen only

61. True about adjuvant therapy in breast cancer:

a. Prognosis is better, if given in young female
b. Increases survival by 20% (PGI Dec 2003)
c. Nodal status positive gives good result
d. Hormone receptor positive gives good result
e. Not associated with increased survival

Ref: Bailey 26/e p811, 25/e p844

62. Conservative surgery in breast cancer is not to be done in:

a. Low socioeconomic status (PGI Dec 2002)
b. Age >40 years
c. Multicentricity
d. Lymph nodes involvement in axilla
e. Family history of breast cancer

63. Breast conservative surgery is done in all except:

a. Young patients (DPG 2010, UPPG 2000)
b. Ductal carcinoma in situ
c. Lobular carcinoma
d. Infiltrative ductal carcinoma

Ref: Schwartz 9/e p460-461; Sabiston 19/e p850-851; Bailey 26/e p811, 25/e p843

64. Breast conservation surgery is not indicated in:

a. Large pendular breast (PGI Dec 2005)
b. SLE
c. Diffuse microcalcification
d. Bilateral carcinoma
e. Family history

65. Absolute contraindication of conservative breast cancer therapy is: (PGI Dec 2005)

a. Large pendulous breast
b. History of previous radiation
c. Axillary node involvement
d. Subareolar lump present
e. 1st trimester pregnancy

66. In breast conservation surgery, the healthy margion excised is typically: (DNB 2013)

a. 1 cm
b. 2 cm
c. 3 cm
d. 5 cm

Ref: Mastery of Surgery 5/e p525

67. In the breast conservation surgery, which of the following investigation is required: (DNB 2002)

a. Serum calcium
b. Total body scan
c. Sentinel node biopsy
d. Tumor markers

68. Post operative radiotherapy in breast is given for:

a. To prevent metastasis (JIPMER 2010)
b. For ablation of remnant of cancer tissue
c. To prevent recurrence
d. Prevents distant metastasis

69. A 40-year-old female with a 2 cms nodule in the breast and a proved metastatic node in the axilla, treatment is:

a. Quadrantectomy (PGI 2012)
b. Mastectomy with local radiotherapy
c. Patey's with adjuvant chemotherapy
d. Halstedt's operation with tamoxifen

70. Treatment of hormone dependent fungating carcinoma of breast with secondaries in the lung in a female patient aged 30 years is: (MAHE 2005)

a. Simple mastectomy followed by oophorectomy
b. Radical mastectomy followed by oophorectomy
c. Adrenalectomy
d. Lumpectomy followed by castration

71. A premenopausal lady presents with pulmonary metastasis. She underwent mastectomy 3 years back. True statement regarding her management:

a. It was better if she took adjuvant therapy after mastectomy (PGI Nov 2011)
b. First analyze estrogen and progesterone receptor levels on the tumor
c. Response of chemotherapy is dose dependent
d. Combined chemotherapy is better than monotherapy
e. She should now be given chemotherapy with radiotherapy

72. Aromatase inhibitors used in CA breast are:

a. Letrozole (PGI June 2007)
b. Anastrozole
c. Exemestane
d. Tamoxifen

Ref: Schwartz 9/e p465-467; Sabiston 19/e p862-864; Bailey 25/e p844

Ans.

59. a. Cyclophospha... **60.** b. Adriamycin based... **61.** a., b., d. **62.** a. Low socio-..., c. Multi...
63. c. Lobular carcin... **64.** a. Large ..., b. SLE..., d. Diff... **65.** b. History..., e. 1st tri... **66.** a. 1 cm.
67. c. Sentinel node... **68.** c. To prevent recurrence **69.** c. Patey's with adjuvant... **70.** a. Simple mastectomy...
71. a.It was..., b.First... **72.** a., b., c.

73. In which of the following types of carcinoma breast, comedo growth pattern is seen:
a. Ductal carcinoma in-situ
b. Medullary carcinoma
c. Lobular carcinoma in-situ
d. Infiltrating lobular carcinoma

Ref: Schwartz 9/e p444; Sabiston 19/e p840-842; Bailey 26/e p810, 25/e p838

74. Histologically ductal carcinoma in situ has been divided into 5 architectural subtypes:
a. Comedocarcinoma
b. Solid
c. Cribiform
d. Papillary
e. Micropapillary

Ref: Schwartz 9/e p444; Sabiston 19/e p840-842; Bailey 26/e p810, 25/e p838

75. Bilateral, multicentric type of carcinoma in breast is usually: (COMED K 2011)
a. Mucoid carcinoma
b. Invasive lobular carcinoma
c. Infiltrating ductal carcinoma
d. Noninfiltrating ductal carcinoma

Ref: Schwartz 9/e p444-446; Sabiston 19/e p842; Bailey 26/e p809, 25/e p838

76. False about lobular carcinoma breast is: (DNB 2008)
a. Present as breast mass
b. Frequently bilateral
c. Poor prognosis
d. Multicentric

77. True about histology in infiltrating lobular breast carcinoma:
a. Single file pattern (JIPMER 2011)
b. Pleomorphic cells in sheets
c. Cribiform pattern
d. Pin wheel pattern

78. Lymph node first involved in CA breast is/are:
a. Axillary LN (PGI Nov 2009)
b. Internal mammary LN
c. Supraclavicular LN
d. Contralateral axillary LN

Ref: Bailey 26/e p810, 25/e p839; BDC 4/e pvol-I /42-43

79. In breast cancer following are expressed: (PGI Dec 2007)
a. Her-2-neu
b. p53
c. BRCA-1
d. BCL-1
e. CEA

Ref: Schwartz 9/e p438; Sabiston 19/e p835-836; Bailey 26/e p817, 25/e p846; Harrison 17/e p604, 483

80. Most common presentation of lobular carcinoma breast is:
a. Nipple discharge (DNB 2012)
b. Breast mass
c. Mammographic calcification
d. Nipple retraction

81. Carcinoma breast is most commonly seen in which quadrant of breast: (MHSSMCET 2005)
a. Upper outer
b. Upper inner
c. Lower inner
d. Lower outer

82. Nottingham Prognostic Index for CA breast is:
a. I = (0.2 x size) + grade + nodes (MHSSMCET 2008)
b. I = (0.4 x size) + grade + nodes
c. I = (0.6 x size) + grade + nodes
d. I = (0.8 x size) + grade + nodes

Ref: Bailey 25/e p841

83. Rare histological variants of carcinoma breast with better prognosis include all except: (DPG 2009 March)
a. Colloid carcinoma
b. Medullary carcinoma
c. Inflammatory carcinoma
d. Tubular carcinoma

Ref: Schwartz 9/e p468; Sabiston 19/e p864-865; De Vita 7/e p1420

84. All of the following are invasive carcinoma breast except:
a. Comedocarcinoma (PGI 2008)
b. Colloid carcinoma
c. Lobular carcinoma in-situ
d. Medullary carcinoma

85. Which carcinoma breast is not invasive: (DPG 2009, 2010)
a. Comedocarcinoma
b. Schirrhous carcinoma
c. Lobular carcinoma
d. Paget's disease

86. Histological variety of breast carcinoma with best prognosis is: (DNB 2012, 2008, 2005, 2002)
a. Medullary
b. Colloid
c. Lobular
d. Tubular

87. Breast cancer which is multicentric and bilateral:
(DPG 2008, AIIMS Feb 2007, May 2006, All India 2005, PGI June 95)
a. Ductal carcinoma
b. Lobular carcinoma
c. Mucoid carcinoma
d. Colloid carcinoma

Ans.
73. a. Ductal... **74.** a., b., c., d., e. **75.** b. Invasive lobular... **76.** c. Poor Prognosis
77. a. Single file pattern **78.** a. Axillary LN, b. Inter... **79.** a., b., c., e. **80.** b. Breast mass
81. a. Upper outer.... **82.** a. {I= (0.2 x size)... **83.** c. Inflammatory ... **84.** a. Com., c. Lobula...
85. a. Comedocarcinoma **86.** d. Tubular **87.** b. Lobular carcinoma

88. Single file pattern is seen in which type of breast cancer: (APPG 2004)
a. Intraductal
b. Infiltrating lobular
c. Infiltrating ductular
d. None

89. In which of the following type of carcinoma of the breast, is a biopsy of the opposite breast advised: (UPSC 2002)
a. Inflammatory carcinoma
b. Medullary carcinoma
c. Lobular carcinoma
d. Scirrhous carcinoma

90. In which of the following type of breast carcinoma, would you consider biopsy of opposite breast: (All India 2006)
a. Adenocarcinoma poorly differentiated
b. Medullary carcinoma
c. Lobular carcinoma
d. Comedo carcinoma

91. The type of mammary ductal carcinoma in situ (DCIS) most likely to result in a palpable abnormality in the breast is: (All India 2006)
a. Apocrine DCIS
b. Neuroendocrine DCIS
c. Well differentiated DCIS
d. Comedo DCIS

92. Not true about CA breast in India: (AIIMS June 2000)
a. Incidence is 20/1,00,000
b. Average age 42 years
c. Positive family history is a risk factor
d. More common in muslims

93. Best prognosis amongst the following histological variants of breast carcinoma is seen with: (All India 2002)
a. Intraductal
b. Colloid (Mucinous)
c. Lobular
d. Medullary

94. Which of the following carcinoma is familial: (All India 2004)
a. Breast
b. Prostate
c. Cervix
d. Vaginal

Ref: Robbins 7/e p285; Sabiston 19/e p705

95. Group of lymph node involved in breast carcinoma are all of the following except: (MCI March 2005)
a. Supraclavicular
b. Pretracheal
c. Axillary
d. Internal mammary

96. Both breasts are affected in which type of breast carcinoma: (MCI Sept 2009)
a. Inflammatory
b. Infiltrative
c. Ductal
d. Lobular

Ref: Schwartz 9/e p444; Sabiston 19/e p840-842; Bailey 26/e p809, 25/e p838

97. True about breast carcinoma are all except: (MCI March 2007)
a. Positive family history
b. Median age of presentation is about 40 years
c. More common in muslims
d. Peau d'orange is due to subcutaneous lymphatic involvement

98. 'Peau-d-orange' appearance of the mammary skin is due to: (DNB 2012, PGI June 2010, Dec 2009)
a. Intraepithelial cancer
b. Subepidermal cancer
c. Lymphatic permeation
d. Vascular embolization

Ref: Bailey 26/e p811, 25/e p840

99. 'Peau-d-orange' is seen in: (PGI 2006)
a. Carcinoma breast
b. Fibroadenoma
c. Chronic abscess
d. Mondor's disease

100. Most common site of metastasis from breast carcinoma: (DNB 2012)
a. Thoracic vertebra
b. Pelvis
c. Femur
d. Lumbar vertebra

Ref: Bailey 26/e p811

101. Carcinoma breast with high incidence of involving opposite breast is: (AIIMS Nov 2010)
a. Lobular carcinoma
b. Medullary carcinoma
c. Scirrhous adenocarcinoma
d. Atrophic scirrhous carcinoma

102. All are true about CA breast, except: (AIIMS May 2011)
a. Affected sibling is a risk factor
b. Paget's disease of nipple is intraductal type of CA
c. Common in aged nulliparous
d. Increased incidence with prolonged breast feeding

103. Which of the following indicate CA breast: (PGI Dec 2002)
a. Serous discharge
b. Recent retraction of nipple
c. Ulceration of nipple
d. Cracked nipple
e. Cellular atypia

Ans.	**88.** b. Infiltrating lobular...	**89.** c. Lobular carcinoma	**90.** c. Lobular carcinoma	**91.** d. Comedo DCIS
	92. d. More common...	**93.** b. Colloid (Mucinous)	**94.** a. Breast	**95.** b. Pretracheal
	96. d. Lobular.	**97.** c. More common...	**98.** c. Lymphatic....	**99.** a. Carci..., c. Chronic...
	100. d. Lumbar vertebra	**101.** a. Lobular carcinoma	**102.** d. Increased.	**103.** b. Recent retraction

104. 'Peau-d-orange' is due to:(DNB 2009, 2008, AIIMS Nov 2007)
a. Arterial obstruction
b. Blockage of subdermal lymphatics
c. Invasion of skin with malignant cells
d. Secondary infection

105. 'Peau-d-orange' of breast is due to:
a. Obstruction of Vein (MCI Sept 2005, 2010, March 2007)
b. Obstruction of lymphatic ducts
c. Obstruction of glandular ducts
d. Obstruction of arteries

106. True about lymphatic spread of CA Breast: (PGI June 2005)
a. Axillary nodes are most commonly involved
b. Internal mammary nodes are also involved
c. If supraclavicular lymph node is involved then it is N3
d. Axillary nodes are treated by surgical resection

Ref: Bailey 25/e p839; BDC 4/e pvol-I /42-43 See question no. 49.

107. Secondary deposits from carcinoma breast is commonest in: (DNB 2010, 2001, All India 2000)
a. Lung
b. Liver
c. Brain
d. Bone

108. Commonest site for carcinoma of the breast:(All India 2001)
a. Lower inner quadrant
b. Nipple
c. Upper inner quadrant
d. Upper outer quadrant

109. Risk factor for carcinoma breast: (PGI Nov 2011, Nov 2010)
a. Nulliparity
b. OCP
c. Family history
d. BRCA-1 mutation
e. Estrogen

Ref: Schwartz 9/e p436-438; Sabiston 19/e p834; Bailey 26/e p808-809, 25/e p837

110. Which of the following is a predisposing factor for carcinoma of breast: (MHSSMCET 2005)
a. Sclerosing adenosis
b. Epithelial hyperplasia
c. Fibrocystic disease of breast
d. Fibroadenoma

Ref: Schwartz 9/e p433-434; Sabiston 19/e p835; Bailey 26/e p809, 25/e p837

111. Moderately increased risk of invasive breast carcinoma is associated with which of the following benign lesions of the breast: (All India 2009)
a. Sclerosing adenosis
b. Atypical lobular hyperplasia
c. Apocrine metaplasia
d. Squamous metaplasia

Ref: Schwartz 9/e p434; Sabiston 19/e p835; Bailey 26/e p809, 25/e p837

112. Moderately increased risk for invasive breast carcinoma is associated with which of the following:
a. Sclerosing adenoma (DNB 2010, Kerala 2000)
b. Apocrine metaplasia
c. Duct ectasia
d. Atypical ductal hyperplasia
e. Fibro adenoma

113. True regarding breast carcinoma is: (MCI March 2008)
a. Occurs most commonly in upper inner quadrant
b. Late menarche and early menopause predisposes for breast malignancy
c. Commoner in nulliparous women
d. Unrelated with the family history of breast cancer

114. All of the following are predisposing factors for breast carcinoma except: (DNB 2008, MCI Sept 2008)
a. Family history of breast carcinoma
b. First child at a younger age
c. Early menarche and late menopause
d. Nulliparous women

115. BRCA-1 positive woman have ______% increased risk of breast carcinoma: (JIPMER 2011)
a. 10
b. 20
c. 40
d. 60

Ref: Schwartz 9/e p437-440; Sabiston 19/e p835-837; Bailey 26/e p817-818, 25/e p846; Harrison 18/e p754-755; De Vita 9/e p1373

116. Which of the following cancer is least associated with genetic and familial cause: (DNB 2008)
a. Ovarian
b. Prostate
c. Lung
d. Breast

117. Breast cancer more commonly seen in: (PGI Dec 2002)
a. Increased risk in relatives
b. Early marriage <20 years
c. Nullipara
d. High fat diet
e. Who avoided breast feeding

118. Least risk of CA breast is seen in: (AIIMS Nov 2006)
a. BRCA-1
b. BRCA-2
c. Li-Fraumeni syndrome
d. Ataxia telangiectasia

Ref: Schwartz 9/e p438; Sabiston 19/e p835-836; Bailey 26/e p817, 25/e p846

119. BRCA-1 gene is associated with: (DPG 2008)
a. Ductal carcinoma
b. Lobular carcinoma
c. Medullary carcinoma
d. Colloid carcinoma

Ref: Schwartz 9/e p438-440; Sabiston 19/e p835-836; Bailey 26/e p817, 25/e p846

Ans.	**104.** b. Blockage...	**105.** b. Obstruction...	**106.** a., b., c., d.	**107.** d. Bone
	108. d. Upper outer...	**109.** a, c, d and e	**110.** b. Epithelial hyperplasia	**111.** b. Atypical lobular
	112. d. Atypical ductal...	**113.** c. Commoner in...	**114.** b. First child at a....	**115.** d. 60
	116. c. Lung	**117.** a, c, d and e	**118.** d. Ataxia telangiectasia	**119.** a. Ductal carcinoma

120. Type of fibroadenosis most likely to undergo malignant change is: (AIIMS June 2000)
a. Adenosis
b. Epitheliosis
c. Sclerosing adenosis
d. Cystic

121. Doesn't lead to carcinoma breast: (DPG 2006)
a. Sclerosing adenosis
b. Epithelial hyperplasia
c. Fibrocystic change
d. Papillomatosis

Ref: Robbins 7/e p1127

122. Which of the following is an increased risk of breast cancer: (PGI Dec 2005)
a. Sclerosing adenosis
b. Atypical hyperplasia
c. Fibroadenoma
d. Florid hyperplasia

123. Risks for carcinoma breast are: (PGI Dec 2000)
a. First degree relative
b. Atypical hyperplasia
c. Sclerosing adenosis
d. Increased fat intake

124. Breast carcinoma is seen in women who:
a. Consume fatty food (PGI June 2002)
b. Have early menopause
c. Smoke
d. Have multiple sex-partners
e. Did not breastfed their children

125. Breast cancer is more common in: (PGI Dec 2001)
a. Those who avoid breast-feeding to the infant
b. Multiparity
c. Nulliparity
d. High fat diet
e. Family history of breast cancer

126. Breast cancer is epidemiologically commoner with:
a. Smoking (PGI Dec 2001)
b. Nulliparity
c. Oral contraceptives
d. Multiparity
e. First pregnancy after 30 years

127. Following are risk factors for CA breast except:
a. Maternal grand mother had history (PGI Dec 2004)
b. Paternal grand mother had history
c. Long term estrogen
d. Fat necrosis

128. The incidence of carcinoma of the breast is increased in woman who: (AIIMS 2000, 2002)
a. Have an early menarche and late menopause
b. Take an estrogen progestogen oral contraceptive
c. Have their first child after the age of 35 years
d. Avoid breast feeding
e. Are nuns

129. Risk factor for carcinoma breast: (All India 2006)
a. Fibroadenoma on one side
b. Sister died from cancer
c. Jewish origin
d. All

130. Which one predisposes to breast cancer: (AIIMS 2012)
a. Adenosis
b. Fibrosis
c. Blue domed cysts
d. Epitheliosis

131. Which of the following is the most significant risk factor for developing breast cancer: (Karnataka 2009)
a. The presence of sclerosing adenosis
b. Nullipartiy
c. Atypical lobular hyperplasia
d. Atypical ductal hyperplasia

132. Statistically important risk factors identified for breast cancer: (PGI 2002)
a. Early age at marriage
b. Females of non vegetarian diet
c. Those who have not breast fed their children
d. Smoking

133. Most sensitive imaging for ductal carcinoma in situ of breast is: (AIIMS Nov 2010)
a. Mammography
b. MRI
c. PET
d. USG

Ref: Granger 5/e p1190, 1188

134. True about screening mammography:
a. Indicated in 50-70 years of age (PGI June 2004)
b. Mortality reduced by 30%
c. Radiation due to mammography can cause carcinoma
d. MRI is better than mammography
e. USG is better than mammography

Ref: Schwartz 9/e p447; Sabiston 19/e p831-832; Bailey 26/e p799, 25/e p828

135. On mammogram all of the following are the features of a malignant tumor except: (AIIMS Nov 2003)
a. Spiculation
b. Microcalcification
c. Macrocalcification
d. Irregular mass

Ref: Schwartz 9/e p447; Sabiston 19/e p831-832; Bailey 26/e p799, 25/e p828

Ans. **120.** b. Epitheliosis **121.** c. Fibrocystic change **122.** b. Atypical..., d. Florid... **123.** a., b., d.
124. a. Consu..., e. Did... **125.** a., c., d. e. **126.** b. Nulli..., e. First... **127.** b. Paternal..., d. Fat necrosis
128. a., c., d., e. **129.** b. Sister..., c. Jewish... **130.** d. Epitheliosis... **131.** c. Atypi..., d. Atypical...
132. c. Those who have... **133.** a. Mammography **134.** a. Indi..., b. Mortality... **135.** c. Macrocalcification

136. BIRADS stands for: (AIIMS Nov 2012)

a. Breast imaging reporting and data system
b. Best imaging reporting and data system
c. Brain imaging reporting and data system
d. Best imaging reporting and data system

Ref: Sabiston 19/e p834

137. All are indicators of malignancy in a mammography except: (PGI Dec 2000)

a. Nodular calcification
b. Speckled margin
c. Attenuated architecture
d. Irregular mass

138. Popcorn calcification in mammography is seen in:

a. Fibroadenoma (AIIMS June 2000)
b. Fat necrosis
c. Cystosarcoma phyllodes
d. CA Breast

Ref: Robbins 7/e p1149

139. A 55-year-old post menopausal woman, on hormone replacement therapy (HRT), presents with heaviness in both breasts. A screening mammogram reveals a high density speculated mass with cluster of pleomorphic microcalcification and ipsilateral large axillary lymph nodes. The mass described here most likely represents:

a. Cystosarcoma phyllodes (AIIMS Nov 2003)
b. Lymphoma
c. Fibroadenoma
d. Carcinoma

140. With reference to mammography, which one of the following statements is correct: (UPSC 2005)

a. A baseline study should be done for all women at age 30
b. It uses less radiation energy than a chest X-ray
c. It should be part of the regular follow up of a woman following therapy for unilateral breast cancer
d. It provides an effective substitute for biopsy of suspicious lesions

141. Triple assessment for CA Breast includes:

a. History, clinical examination and mammogram
b. History, clinical examination and FNAC
c. USG, mammogram and FNAC
(DNB 2010, All India 2009)
d. Clinical examination, mammogram and FNAC

Ref: Schwartz 9/e p444-446; Sabiston 19/e p840-842; Bailey 26/e p799-801, 25/e p829-832

142. Best diagnostic method for breast lump is: (AIIMS June 2002)

a. USG
b. Mammogram
c. Biopsy
d. FNAC

Ref: Schwartz 9/e p450; Sabiston 19/e p830-831; Bailey 26/e p800, 25/e p829; De Vita 9/e p1407

143. Breast lump is best diagnosed by: (PGI June 2003)

a. FNAC
b. Bilateral mammography
c. USG
d. CECT of breast
e. Chest X-ray

Ref: Schwartz 9/e p450; Sabiston 19/e p830-831; Bailey 26/e p800, 25/e p829

144. A 45-year-old woman presents with a hard and mobile lump in the breast. Next investigation is: (All India 2001)

a. FNAC
b. USG
c. Mammography
d. Excision biopsy

Ref: Schwartz 9/e p447-450; Sabiston 19/e p830-832; Bailey 26/e p799-801, 25/e p828-829

145. A female patient present with a hard mobile lump in her right breast. Which investigation would be most helpful in making the diagnosis: (AIIMS Nov 2001)

a. FNAC
b. Needle biopsy
c. Excision biopsy
d. Mammography

146. Blood stained nipple discharge is seen in:
(DNB 2013, DNB 2011, Orissa 2011, PGI June 2009, UPPG 2010, AIIMS Nov 2003, All India 2005)

a. Breast abscess
b. Fibroadenoma
c. Ductal papilloma
d. Fat necrosis of breast

Ref: Schwartz 9/e p467; Sabiston 19/e p828; Bailey 26/e p802, 25/e p831

147. Bleeding from nipple is seen in: (PGI June 2001, June 2002)

a. Fibroadenoma
b. Duct ectasia
c. Ductal papilloma
d. Chronic breast abscess
e. CA breast

148. Green discharge is most commonly seen with:
(AIIMS Nov 2012)

a. Duct papilloma
b. Duct ectasia
c. Retention cyst
d. Fibroadenosis

149. A 25-year-old female complains of discharge of blood from a single duct in her breast. The most appropriate treatment is: (All India 2008)

a. Radical excision
b. Microdochectomy
c. Radical mastectomy
d. Biopsy to rule out carcinoma

Ref: Bailey 26/e p802, 25/e p831; CSDT 12/e p299; Schwartz 9/e p448

Ans.
136. a. Breast Imaging... **137.** a. Nodular calcification... **138.** a. Fibroadenoma **139.** d. Carcinoma
140. c. It should be part... **141.** d. Clinical exami... **142.** c. Biopsy... **143.** a. FNAC
144. a. FNAC. **145.** a. FNAC **146.** c. Ductal papilloma **147.** b., c, e.
148. b. Duct ectasia.... **149.** b. Microdochectomy

150. True statement (s) about nipple discharge is/are:
a. Mammography (PGI June 2004)
b. Cone excision done in single intraductal tumour
c. Mammography done when duct papilloma is <4.5cm
d. Red discharge indicate malignancy
e. Blue-black discharge indicate duct ectasia

151. A 25-year-old lady presents with spontaneous nipple discharge of 3-months duration. On examination the discharge is bloody and from a single duct. The following statements about management of this patient are true except: (AIIMS Nov 2004)
a. Ultrasound can be a useful investigation
b. Radical duct excision is the operation of choice
c. Galactogram, though useful, is not essential
d. Majority of blood stained nipple discharges are due to papillomas or other benign condition

152. Mondor's disease is: (All India 2000)
a. Thrombophlebitis of the superficial veins of breast
b. Carcinoma of the breast
c. Premalignant condition of the breast
d. Filariasis of the breast

Ref: Schwartz 9/e p433; Sabiston 19/e p1594; Bailey 26/e p805, 25/e p833

153. About Mondor's disease: (PGI Dec 2006, Dec 2002)
a. Superficial thrombophlebitis
b. Lymphatic infiltration tumour cell
c. Cord like appearance of subcutaneous veins
d. Occurs all over the body

154. Mondor's disease is superficial thrombophlebitis of: (COMED K 2005)
a. Axillary vein
b. Long saphenous vein
c. Veins of the breast
d. Internal mammary vein

155. True about breast cancer in pregnancy:
a. Occurs in 1 of every 3000 pregnant women
b. MC non-gynecologic malignancy associated with pregnancy
c. Ductal carcinoma is MC type, accounting for 75-90% of breast cancer in pregnancy
d. All of the above

Ref: Schwartz 9/e p467; Sabiston 19/e p2035-2037; Bailey 26/e p818, 25/e p846

156. Treatment of choice in duct papilloma of breast is:
a. Simple mastectomy (All India 2000, All India 2002)
b. Microdochectomy
c. Local wide excision
d. Chemotherapy

Ref: Bailey 26/e p802, 25/e p830

157. Treatment for duct ectasia: (MAHE 2008)
a. Hadfield's operation
b. Patey's mastectomy
c. Modified radical mastectomy
d. Radical mastectomy

Ref: Bailey 26/e p805, 25/e p834

158. A woman noticed mass in her left breast with bloody discharge. Histopathology revealed duct ectasia. Treatment is: (AIIMS Nov 2008)
a. Simple mastectomy
b. Microdochotomy
c. Lobectomy
d. Hadfield operation

159. Sign seen in large duct papilloma is: (DNB 2012)
a. Nipple discharge
b. Breast mass
c. Skin excoriation
d. Lymphnode involvement

160. Most malignant type of carcinoma breast is:
a. Paget's disease (NIMHANS 2002, JIPMER 2003)
b. Anaplastic carcinoma
c. Scirrhous carcinoma
d. Atrophic scirrhous carcinoma
e. Mastitis carcinomatosa

Ref: Schwartz 9/e p468; Sabiston 19/e p864-865

161. In inflammatory carcinoma breast with metastasis of axilla, treatment of choice is: (PGI Dec 2004)
a. Radical mastectomy + chemotherapy
b. Radical mastectomy + radiotherapy
c. Simple mastectomy + radiotherapy
d. Chemotherapy + radiotherapy

Ref: Schwartz 9/e p468; Sabiston 19/e p864-865

162. True about breast carcinoma in men: (NIMHANS 2000, JIPMER 2006)
a. Estrogen receptor positive
b. Associated with gynaecomastia
c. Radiotherapy contraindicated due to close proximity to chest wall
d. Seen in young males

Ref: Schwartz 9/e p468; Sabiston 19/e p1935; Bailey 26/e p819, 25/e p848

163. What is true about male breast carcinoma: (DPG 2008)
a. Gynaecomastia is a predisposing factor
b. More common on right side
c. Tamoxifen is not given
d. No estrogen present

Ref: Schwartz 9/e p468; Sabiston 19/e p865-866; Bailey 25/e p848

164. True regarding male breast cancer: (PGI June 2009)
a. MC lobular type
b. Estrogen receptor positive
c. History of gynaecomastia may be present
d. Paget's disease of nipple is more common in male than female
e. Undescended testis is a risk factor

Ans. **150.** a., b., d., e. **151.** b. Radical duct... **152.** a. Thrombophlebitis... **153.** a. Super..., c. Cord...
154. c. Veins of the breast **155.** d. All of the above **156.** b. Microdochectomy **157.** a. Hadfield's operation
158. d. Hadfield's operation **159.** a. Nipple discharge **160.** e. Mastitis carcinomatosa **161.** None
162. a., b **163.** a. Gynaecomastia... **164.** b., c., e..

165. True about male breast cancer is all except: (MHPGMCET 2009)

a. Less than 2% of all cases of breast cancer
b. Most commonly it is infiltrating duct carcinoma
c. Most commonly it is infiltrating lobular carcinoma
d. Exocrine or endocrine estrogen exposure can predispose to it

166. Treatment of cystosarcoma phyllodes in a young woman:

a. Wide excision with a margin (JIPMER 2011)
b. Wide excision with chemotherapy
c. Wide excision with radiotherapy
d. MRM

Ref: Schwartz 9/e p468; Sabiston 19/e p845; Bailey 25/e p836

167. Cystosarcoma phyllodes is treated by: (AIIMS May 2012)

a. Simple mastectomy
b. Radical mastectomy
c. Modified radical mastectomy
d. Antibiotic with conservative treatment

168. Which one of the following statements is true of cystosarcoma phyllodes: (UPSC 2010)

a. It is a malignant tumour
b. It often metastasizes to axillary nodes
c. It is usually bulky and may fungate through the skin
d. It is treated by radical mastectomy

169. A mobile, variegated large lump in the breast of a 20-year-old female is most likely to be due to:

a. Medullary carcinoma (UPSC 2009)
b. Inflammatory carcinoma
c. Cystosarcoma phyllodes
d. Lobular carcinoma

170. Gynecomastia may be seen in all of the following conditions except: (All India 2008)

a. Klinefelter's syndrome
b. Cirrhosis of liver
c. Cryptorchidism
d. Sex-cord tumour of sertoli cells

Ref: Schwartz 9/e p430-432; Sabiston 19/e p828; Bailey 25/e p847

171. All of the following statements about gynecomastia are true except: (All India 2007)

a. Subcutaneous mastectomy is the initial treatment of choice
b. Seen in liver disease
c. There may be estrogen/testosterone imbalance
d. Can be drug induced

Ref: Schwartz 9/e p430-432; Sabiston 19/e p828; Bailey 25/e p847; Williams Endocrinology 10/e p741

172. All are true regarding gynaecomastia except:

a. May be seen in Addison's disease (AIIMS Nov 2012)
b. Usually unilateral in young males
c. Acini are not involved
d. Bilaterality is due to endocrinopathy

173. Gynecomastia may be seen in patient with all except:

a. Cimetidine therapy (UPSC 2000)
b. Cirrhosis of liver
c. Klinefelter's syndrome
d. Tumor's syndrome

174. An adolescent boy presents with bilateral prominence of breasts and wants the breasts to be removed. Which one of the following incisions would be ideal:

a. Radial (UPSC 2001)
b. Incision along the areolar margin
c. Submammary incision
d. Elliptical incision

175. Which of the following is least likely to be associated with gynecomastia: (All India 2012)

a. Prolactinoma
b. Adrenal tumors
c. hCG secreting tumors
d. Estrogen secreting tumors

Ref: Harrison 18/e p2889

176. Paget's disease of breast, true statements are:

a. Intraductal carcinoma (PGI Nov 2009)
b. Mastectomy needed
c. Malignant
d. Bilateral

Ref: Schwartz 9/e p444-445; Sabiston 19/e p865; Bailey 25/e p838

177. Consider the following statements regarding Paget's disease of the breast: (UPSC 2008)

1. It is a malignant disease
2. Diagnosis can be established by scrape cytology
3. Lymph nodes involvement is an associated clinical feature
4. Treatment of choice is simple mastectomy

Which of the statements given above is/are correct:

a. 1, 2 and 4 only
b. 1, 2 and 3 only
c. 3 and 4 only
d. 1, 2, 3 and 4

178. Unilateral breast involvement with scaly skin around the nipple and intermittent bleeding is suggestive of:

(MCI Sept 2005)

a. Galactocoele
b. Paget's disease
c. Eczema
d. Sebaceous cysts

179. Paget's disease: (DPG 2006)

a. Incidence is 1:1000
b. Has underlying intralobular carcinoma
c. May have underlying carcinoma
d. Blood stained discharge

Ans. 165.	c. Most commonly...	**166.**	a. Wide excision...	**167.**	a. Simple mastectomy	**168.**	c. It is usually bulky...
169.	c. Cystosarcoma...	**170.**	c. Cryptorchidism	**171.**	a. Subcutaneous....	**172.**	a. May... disease, b. Usually
173.	d. Turner's syndrome	**174.**	b. Incision along...	**175.**	a. Prolactinoma	**176.**	a., b., c..
177.	d. 1, 2, 3 and 4	**178.**	b. Paget's disease	**179.**	c. May have		

180. Paget's disease of breast following are true except: (PGI Dec 2011)
a. Treated by simple mastectomy
b. Represents underlying malignancy
c. Presents as eczema
d. Cytology diagnostic

181. Characteristic feature of Paget's cell is: (Kerala 2010)
a. Eosinophilic cytoplasm
b. Abundant clear cytoplasm
c. Glycogen mass
d. Multinucleated giant cell

182. True about Paget's disease of the nipple is: (Kerala 2009)
a. Always there is underlying carcinoma
b. Often bilateral eczema of nipple seen
c. Histology reveals giant cells
d. Highly malignant

183. Following are true about Paget's disease of breast except: (Karnataka 2007)
a. Usually bilateral
b. Associated intraductal carcinoma
c. Prognosis good in absence of lump
d. Treatment simple mastectomy with axillary clearance

184. Which is not having underlying malignancy: (APPG 2008)
a. Paget disease of bone
b. Paget disease of nipple
c. Paget disease of vulva
d. Paget disease of anal region

185. Retromammary abscess arises from:
(JIPMER 2001, 20001, Kerala 2004)
a. Tuberculous rib
b. Infected hematoma
c. Chronic empyema
d. All of the above

186. Acute mastitis commonly occurs during:
a. Pregnancy (DNB 2000, UPSC 2005, JIPMER 2006)
b. Puberty
c. Lactation
d. Infancy

Ref: c. LactationRef: Schwartz 9/e p432; Sabiston 19/e p839; Bailey 25/e p832-833

187. A lactating female presented with breast abscess. Most common organism responsible for her mastitis and abscess formation is: (Punjab 2011)
a. S. aureus
b. E. coli
c. Streptococci
d. Anaerobes

Ref: Schwartz 9/e p432; Sabiston 19/e p839; Bailey 25/e p832-833

188. Cracked nipple may be: (AIIMS 2004)
a. Due to syphilitic chancre
b. Cause of retention cyst
c. Paget's disease of nipple
d. Forerunner of breast abscess

Ref: Bailey 25/e p830

189. Lymphatic drainage of breast: (PGI Dec 2003)
a. Axillary
b. Supraclavicular
c. Internal mammary
d. Mediastinal
e. Celiac

190. Breast examination is done yearly in patients with: (PGI 2001)
a. Multiple fibroadenoma
b. Family history of CA breast
c. Carcinoma cervix
d. Endometrial carcinoma

191. A 50-year-old woman complains of intermittent bleeding from the left nipple over the past 3 months. No mass is palpable, but a bead of blood can be expressed from the nipple. The ideal procedure in this case would be:
a. Cytological examination of discharge and if no malignant cells, to be kept under careful observation (UPSC 2002)
b. Segmental excision of breast
c. Microdochotomy
d. Simple mastectomy

192. Tylectomy literally means: (DNB 2003)
a. Excision of a lump
b. Excision of LN
c. Excision of breast
d. Excision of skin

193. True about galactorrhea: (PGI Dec 2008)
a. Always bilateral
b. Found in pregnancy and lactation
c. Associated with prolactinoma and other endocrinopathies
d. Surgery is done
e. Hypothyroidism can cause galactorrhoea

Ref: Harrison 17/e p2204-2205; Dutta Gynecology 5/e p548-549

194. Large breast is not seen in: (AIIMS Dec 2008)
a. Filariasis
b. Giant fibroadenoma
c. Cystosarcoma phylloides
d. Schirrhous carcinoma

Ref: Norman Brows/e277

195. A 14-year-old healthy girl of normal height and weight for age, complains that her right breast has developed twice the size of her left breast since the onset of puberty at the age of 12. Both breasts have a similar consistency on palpation with normal nipples areolae. The most likely cause for these findings is: (AIIMS Nov 2003)
a. Cystosarcoma phyllodes
b. Virginal hypertrophy
c. Fibrocystic disease
d. Early state of carcinoma

Ref: CPDT 16/e p1128

Ans.	**180.**	d. Cytology diag...	**181.**	b. Abundant clear...	**182.**	a. Always there is...	**183.**	a. Usually bilateral
	184.	a. Paget disease...	**185.**	d. All of the above	**186.**	c. Lactation	**187.**	a. S. aureus
	188.	d. Forerunner...	**189.**	a., b., c.	**190.**	b. Family history....	**191.**	c. Microdochotomy
	192.	a. Excision of a lump	**193.**	c., d., e.	**194.**	d. Schirrhous carcinoma.	**195.**	b. Virginal hypertrophy.

196. Haagensen's sign of inoperability of carcinoma include all except: (DNB 2003)

a. Edema of skin of breast or arm
b. Satellite tumor nodules in skin of breast
c. Proved supraclavicular or distant metastases
d. Parasternal tumorous growth
e. None of the above *Ref: NMS surgery 4/e p456*

197. Unilateral amastia is associated 90% of the time with absence or hypoplasia of following muscle: (COMED K 2004)

a. Latissimus doris
b. Subclavian
c. Pectoral
d. Serratus anterior *Ref: Bailey 25/e p831*

198. True about leiomyosarcoma breast: (PGI Nov 2010)

a. Axillary lymph node dissection is mandatory
b. Well encapsulated
c. Follow up not required
d. Mastectomy is mainstay treatment
e. Metastasize by lymphatic channel

Ref: Cancer of Breast by Donegau 5/e p933-936; Breast Cancer by Roses 2/e p207-208

199. Most frequent site of accessory breast: (Orissa 2011)

a. Axilla
b. Groin
c. Buttock
d. Thigh

Ref: Bailey 26/e p803, 25/e p831

200. Zuska's disease common in smokers causes: (DNB 2012, 2007)

a. Acute mastitis
b. Chronic areolar abscess
c. Fibroadenosis
d. Acute abscess formation

Ref: Schwartz 9/e p433

201. Lymphatic from left upper quadrant of breast drain into all of the following group of lymph nodes except: (DNB 2001)

a. Anterior axillary
b. Central
c. Apical
d. Parasternal

Ref: Bailey 25/e p839

202. A lady 35-year-old lactating mother presented with a painful breast lump. Most appropriate initial investigation should be: (AIIMS Nov 2012)

a. Mammography
b. USG
c. MRI
d. X-ray

Ref: Sutton's Radiology 7/e p1456; Schwartz 9/e p467; Sabiston 19/e p2035-2037; Bailey 25/e p846

203. In sentinel node biopsy for breast cancer, the most commonly injured nerve is: (AIIMS May 2013)

a. Lateral pectoral nerve
b. Nerve to lattissimus dorsi
c. Intercostobrachial nerve
d. Long thoracic nerve (Nerve to serratus anterior)

Ans.				
	196. e. None of the above	**197.** c. Pectoral	**198.** b. Well..., d. Mast...	**199.** a. Axilla
	200. b. Chronic	**201.** d. Parasternal.	**202.** b. USG	**203.** c. Intercostobrachial

B. THYROID

1. Multinodular goiter (MNG) secondary thyrotoxicosis is seen how much percentage of patient with MNG: (MHSSMCET 2005)

a. 10%
b. 20%
c. 30%
d. 40%

Ref: Bailey 26/e p749, 25/e p778

2. The most common presentation of endemic goiter is: (All India 2000)

a. Hypothyroid
b. Diffuse goiter
c. Hyperthyroid
d. Solitary nodule

Ref: Harrison 18/e p2931; Bailey 26/e p747, 24/e p782

3. Thoracic extension of cervical goiter is usually approached through: (AIIMS May 2005)

a. Neck
b. Chest
c. Combined cervico-thoracic
d. Thoracoscopic

Ref: Schwartz 9/e p1372, 8/e p1428

4. A 20-year-old girl presents with 9 months history of neck swelling with thyrotoxic symptoms. On investigation increased T4 and decreased TSH with palpable 2 cm nodule was found. Next investigation will be: (AIIMS May 2007)

a. USG
b. Thyroid scan
c. Radioactive iodine uptake
d. CT scan

Ref: Sabiston 19/e p901; Schwartz 9/e p1360

5. Indication of surgery in a case of thyroid swelling is/are: (PGI June 2004)

a. Cosmetic
b. Pressure symptoms
c. Myxedema
d. Pain
e. Swelling with symptoms

Ref: Schwartz 9/e p1358; Sabiston 19/e p903; Harrison 18/e p2931-2932

6. In a patient presenting with a swelling of the thyroid, the radionuclide scan showed a cold nodule and the ultrasound showed a non cystic solid mass. The management of this patient would be: (AIIMS June 2002)

a. Lobectomy
b. Hemithyroidectomy
c. Eltroxin
d. Radio Iodine therapy

7. Symptoms of endemic goitre are all except: (JIPMER 2004)

a. Cold intolerance
b. Hoarseness
c. Dysphagia
d. Heat intolerance

8. What percentage of cold thyroid nodules are malignant: (JIPMER 2006)

a. 70-80%
b. 50-60%
c. 40-50%
d. 10-20%

9. Treatment of choice in cold nodule of thyroid: (JIPMER 2008)

a. Subtotal thyroidectomy
b. Wait and watch
c. I-131
d. Hemithyroidectomy

10. Which of the following is true: (AIIMS May 2011)

a. Colloid goiter mostly presents as hyperthyroidism
b. Thyroid storm, the clinical features are primarily due to increased thyroxine
c. Excess calcium intake can lead to hyperthyroidism
d. Goitre more than 5 percent of population is endemic goitre

Ref: Harrison 18/e p2931; Bailey 24/e p782

11. Most sensitive investigation of thyroid nodule: (Punjab 2011)

a. MRI
b. PET Scan
c. USG
d. Clinical examination

Ref: Schwartz 9/e p1360; Sabiston 19/e p900

12. True about solitary thyroid nodule: (PGI Dec 2006)

a. THR-Antibody
b. Lined by columnar epithelium
c. Diffuse hyperplasia of thyroid
d. Common in female
e. Thyroidectomy done

Ref: Schwartz 9/e p1358-1361; Harrison 18/e p2938-2939, 17/e p2122-2123; Robbins 7/e p1175

13. A case of solitary thyroid nodule, investigation of choice is: (PGI June 2002, 2003, AIIMS Nov 2005)

a. T3, T4 estimation
b. Thyroid scan
c. FNAC
d. Excision biopsy

Ref: Schwartz 9/e p1358; Sabiston 19/e p899

Ans.
1. c. 30%
2. b. Diffuse goiter
3. a. Neck
4. b. Thyroid scan
5. a., b., e.
6. b. Hemithyroidectomy.
7. None
8. d. 10-20%
9. d Hemithyroidectomy
10. d. Goitre more...
11. c. USG
12. d and e
13. c. FNAC.

14. Initial preferred investigation for thyroid nodule is: (DPG 2008)

a. FNAC
b. Radionucleide test
c. Thyroid function test
d. USG

Ref: Sabiston 19/e p899; Harrison 18/e p2938-2939, 17/e p2122-2123

15. Investigation of choice in discrete thyroid swelling is: (DPG 2008)

a. Isotope scans
b. Ultrasonography
c. Autoantibody titres
d. FNAC

16. A patient came with a small solitary nodule in right lobe of thyroid. FNAC shows follicular adenoma. The best surgery is: (DNB 2002)

a. Enucleation
b. Sub-total thyroidectomy
c. Right hemithyroidectomy
d. Near-total thyroidectomy

17. Most common cause of solitary thyroid nodule is: (MCI Sept 2008)

a. Physiological goiter
b. Follicular adenoma
c. Colloid degenerations
d. Cysts

18. A 45-year-old male presents with 4X4 cm, mobile right solitary thyroid nodule of 5 months. The patient is euthyroid. The following statements about his management are true except: (AIIMS Nov 2005)

a. Cold nodule on thyroid scan is diagnostic of malignancy
b. FNAC is the investigation of choice
c. The patient should undergo hemithyroidectomy if FNAC report is inconclusive
d. Indirect laryngoscopy be done in the preoperative period to assess mobility of vocal cords

Ref: Schwartz 9/e p1358; Sabiston 19/e p899; Bailey 25/e p783; Chandrasoma Taylor 3/e p849-850; Harrison 18/e p2938-2939, 17/e p2122-2123

19. Most common solitary thyroid nodule is: (AIIMS Nov 2004, June 2002)

a. Follicular adenoma
b. Hurthle cell carcinoma
c. Papillary carcinoma
d. Solitary idiopathic goiter

20. What is the most appropriate operation for a solitary nodule in one lobe of thyroid: (All India 2003, AIIMS Nov 95)

a. Lobectomy
b. Hemithyroidectomy
c. Nodule removal
d. Partial lobectomy with 1 cm margin around nodule

Ref: Schwartz 9/e p1358-1361; Harrison 18/e p2938-2939

21. False statement regarding thyroid carcinoma: (PGI Nov 2011)

a. Medullary thyroid carcinoma is associated with MEN-2A
b. Follicular carcinoma -Most common type of carcinoma
c. Papillary carcinoma -Multifocal
d. Thyroid lymphoma is often associated with Hashimoto thyroiditis
e. Anaplastic carcinoma occur in old age women

Ref: Schwartz 9/e p1361; Sabiston 19/e p904; Bailey 26/e p763, 25/e p792

22. True about thyroid carcinoma: (PGI Dec 2006)

a. Follicular carcinoma have worse prognosis than papillary carcinoma
b. Papillary carcinoma spreads by hematogenous route more frequently than follicular carcinoma
c. Papillary carcinoma have increased mortality than follicular carcinoma
d. Follicular carcinoma are more bilateral than papillary carcinoma
e. Follicular carcinoma have more male incidence than papillary carcinoma

23. Low risk in carcinoma thyroid: (PGI Dec 2006)

a. Men <50 years
b. Women <40 years
c. Papillary carcinoma <4cm
d. Metastasis
e. Follicular carcinoma >5cm

Ref: Schwartz 9/e p1362-1363; Sabiston 19/e p907; Bailey 26/e p766, 25/e p793-794; Harrison 17/e p2245

24. The most common histologic type of thyroid cancer is: (All India 2008, 2004, AIIMS Nov 05, PGI Dec 2005)

a. Medullary type
b. Follicular type
c. Papillary type
d. Anaplastic type

25. Which of the following is not a histological variant of thyroid neoplasm: (All India 2007)

a. Follicular
b. Merkel cell
c. Insular
d. Anaplastic

26. Thyroid carcinoma: (PGI 2001, UPSC 2002)

a. Is often associated with hypothyroidism
b. Often produces hyperthyroidism
c. Is usually euthyroid
d. Occurs in toxic nodules

27. Amount of I-131 given for carcinoma thyroid: (DPG 2006)

a. 5 micro curie
b. 50 micro curie
c. 5 milli curie
d. 50 milli curie

Schwartz 9/e p1365-1366; Sabiston 19/e p911; Bailey 25/e p797; Harrison 18/e p2937

Ans.
14. c. Thyroid function test
15. d. FNAC
16. c. Right hemithyroidectomy
17. c. Colloid degenerations
18. a. Cold nodule on...
19. a. Follicular adenoma...
20. b. Hemithyroidectomy...
21. b. Follicular carcinoma...
22. a. Follicular carcin...
23. b. Women <40 years...
24. c. Papillary type...
25. b. Merkel cell
26. c. Is usually euthyroid
27. d. 50 milli curie

28. Thyroxine can be given in which thyroid carcinoma: (MCI Sept 2009)
a. Papillary
b. Medullary
c. Anaplastic
d. Undifferentiated

29. Thyroid carcinoma causes laryngeal paralysis due to:
a. Recurrent laryngeal nerve palsy (PGI June 2006)
b. Vagus nerve palsy
c. Glossopharyngeal nerve palsy
d. Hypoglossal nerve palsy

30. Which of the following is used in the treatment of thyroid malignancy: (PGI June 2001)
a. I-131
b. I-125
c. Tc-99
d. P-32
e. Strontium

Ref: Schwartz 9/e p1365-1366; Sabiston 19/e p911; Bailey 26/e p767-768, 25/e p797; Harrison 18/e p2937 William's Endocrinology 10/e p479

31. A 35-year-old female presented with a swelling in the neck for the past 2 months, she had the treatment for Hodgkin's lymphoma when she was 22 years with irradiation. On, examination, her vitals were normal, there was a single, firm, irregular nodule, moving with deglutition in the left side of midline. Clinical examination also revealed a single node in the left side of the neck. The most likely clinical diagnosis of this condition is: (ComedK 2011)
a. Recurrence of lymphoma
b. Malignant goiter
c. Benign multinodular goiter
d. Toxic nodular goiter

(Ref: Schwartz 9/e p1361-1363; Sabiston 19/e p906-909; Bailey 26/e p765-768, 25/e p793-796; Harrison 18/e p2936)

32. Most probable pathological diagnosis would be:
a. Anaplastic carcinoma (ComedK 2011)
b. Follicular carcinoma
c. Medullary carcinoma
d. Papillary carcinoma

33. The FNAC of the lesion should reveal: (ComedK 2011)
a. 'Orphan-Annie eye' nucleus cells
b. Amyloid deposits
c. Epitheloid cells and giant cells
d. Follicular cells

34. The ideal treatment of the above condition would be:
a. Total thyroidectomy with lymph nodal dissection of the same side
(ComedK 2011)
b. Radiotherapy
c. Lobectomy
d. Lobectomy with isthmusectomy

35. About papillary carcinoma what is/are true: (PGI Dec 2008)
a. Often encapsulated
b. Prognosis is bad
c. Lymph node metastases is common
d. Can metastasize to lung
e. Multiple foci of tumour is seen

36. Variant of papillary carcinoma thyroid: (PGI June 2007)
a. Medullary
b. Warthin
c. Columnar
d. Insular
e. Diffuse sclerosing

Ref: Schwartz 9/e p1361-1363; Sabiston 19/e p906-909; Bailey 26/e p765, 25/e p793-796

37. Papillary carcinoma thyroid: (PGI June 2007)
a. Most common thyroid cancer
b. Psammoma bodies seen
c. Encapsulated
d. Blood borne metastasis is common

38. Which of the following would be the best treatment for a 2 cm thyroid nodule in a 50 year old man with FNAC revealing it to be a papillary carcinoma: (AIIMS May 2011)
a. Hemithyroidectomy
b. Total thyroidectomy with left sided modified neck dissection
c. Near total thyroidectomy with radiotherapy
d. Hemithyroidectomy with modified neck dissection

39. Psammoma bodies may be seen in all of the following, except: (All India 2011)
a. Follicular carcinoma of thyroid
b. Papillary carcinoma of thyroid
c. Meningioma
d. Serous cystadenocarcinoma of ovary

Ref: Schwartz 9/e p1362; Sabiston 19/e p906; Bailey 26/e p765, 25/e p793

40. Features of papillary carcinoma includes: (PGI May 2011)
a. FNAC easy
b. Almost always unifocal
c. Psammoma body
d. Spread to cervical LN
e. Bad prognosis

41. About papillary carcinoma true statement is/are:
a. Radiation is a risk factor (PGI Nov 2010)
b. Multifocal
c. Hematogenous spread is common
d. Distant metastasis is seen

42. Most common thyroid malignancy is:
a. Anaplastic carcinoma (DNB 2012, MHPGMCET 2002)
b. Follicular carcinoma
c. Medullary carcinoma
d. Papillary carcinoma

Ans.	**28.** a. Papillary	**29.** a. Recurrent laryngeal...	**30.** a. I^{131}	**31.** b. Malignant goiter.
	32. d. Papillary carcinoma	**33.** a. 'Orphan-Annie eye'...	**34.** a. Total Thyroidectomy...	**35.** c., d., e.
	36. c.,d., e.	**37.** a., b., c.	**38.** b. Total thyroidectomy...	**39.** a. Follicular carcinoma...
	40. a., c., d.	**41.** a., b., d.	**42.** d. Papillary carcinoma	

43. Which thyroid malignancy is common after radiation exposure: (MHSSMCET 2005)
a. Follicular
b. Papillary
c. Medullary
d. Anaplastic

44. A 10-year-old boy presented with cervical lymph adenopathy. Needle biopsy from the nodes revealed secondaries from papillary carcinoma of thyroid. The child under went complete removal of tumor near total thyroidectomy and radical neck dissection. What should be the immediate next line of management: (All India 2012)
a. Start thyroxine suppression therapy
b. I-131 whole body scan to assess the extent of disease
c. Bone scan to evaluate secondaries
d. CECT scan to assess any residual disease
Ref: Schwartz 9/e p1365-1367; Sabiston 19/e p911; Bailey 26/e p766-768

45. Orphan Annie-eye nuclei seen in: (Orissa 2011)
a. Papillary carcinoma of thyroid
b. Medullary carcinoma of thyroid
c. Anaplastic carcinoma of thyroid
d. Follicular carcinoma of thyroid

46. Psammoma bodies are seen in: (MCI March 2009)
a. Papillary carcinoma of thyroid
b. Follicular carcinoma of thyroid
c. Anaplastic carcinoma of thyroid
d. Lymphoma of thyroid

47. Psammoma bodies are seen in following except: (PGI 2002)
a. Serous cystadenoma of ovary
b. Mucinous cystadenoma of ovary
c. Meningioma
d. Papillary carcinoma of thyroid

48. Which of the following would be the best treatment for a 2 cm thyroid nodule in a 50-year-old man with FNAC revealing it to be a papillary carcinoma: (All India 2009)
a. Hemithyroidectomy
b. Subtotal thyroidectomy with modified neck dissection
c. Near total thyroidectomy with modified neck dissection
d. Hemithyroidectomy with modified neck dissection

49. True regarding papillary carcinoma of thyroid:
a. Undifferentiated carcinoma (MCI March 2006)
b. Blood-borne metastasis is commoner
c. Excellent prognosis
d. Capsulated

50. True about papillary carcinoma thyroid is: (PGI Dec 2008)
a. Comprises 10-15% of all thyroid cancers
b. Cells have intranuclear vacuolation
c. Amyloid deposition seen
d. Encapsulated

51. Papillary carcinoma thyroid usually presents as:
a. Diffuse nodular swelling (PGI Dec 2009)
b. Only lymphadenopathy
c. Hormonal disturbance
d. Single nodule + local lymph node

52. Which type of thyroid carcinoma has the best prognosis:
a. Papillary carcinoma (DNB 2010, All India 2011)
b. Anaplastic carcinoma
c. Follicular carcinoma
d. Medullary carcinoma

53. One of the following is not correct in papillary carcinoma of thyroid:
a. Can be reliably diagnosed using fine needle aspiration cytology
b. Always unifocal
c. Typically spreads to the cervical lymph nodes
d. Requires a total thyroidectomy for large tumors

54. Compared to follicular carcinoma, papillary carcinoma of thyroid have: (PGI Dec 2007, June 2005, Dec 2006)
a. More male preponderance
b. Bilaterality
c. Local recurrence common
d. Increased lymph node metastasis
e. Increased mortality
Ref: Schwartz 9/e p795; Sabiston 19/e p906, 910; Bailey 25/e p794

55. Occult thyroid malignancy with nodal metastasis is:
a. Medullary carcinoma (DNB 2005, 2001, AIIMS Sept 2007)
b. Follicular carcinoma
c. Papillary carcinoma
d. Anaplastic carcinoma

56. Least malignant thyroid cancer is: (AIIMS Nov 2003)
a. Papillary carcinoma
b. Follicular carcinoma
c. Anaplastic carcinoma
d. Medullary carcinoma

57. Lateral aberrant thyroid refers to: (AIIMS June 2002)
a. Congenital thyroid abnormality
b. Metastatic foci from primary in thyroid
c. Struma ovarii
d. Lingual thyroid
Schwartz 9/e p1345; Sabiston 19/e p907

58. Treatment of papillary carcinoma of thyroid with bony metastasis: (PGI June 2004)
a. Radiotherapy
b. Radioiodine
c. Near total thyroidectomy with radiotherapy
d. Near total thyroidectomy with radioiodine and radiotherapy

Ans.
43. b. Papillary **44.** a. Start thyroxine... **45.** a. Papillary carcinoma... **46.** a. Papillary carcinoma...
47. b. Mucinous... **48.** c. Near total thyroidectomy... **49.** c. Excellent prognosis **50.** d. Encapsulated
51. d. Single nodule... **52.** a. Papillary carcinoma **53.** b. Always unifocal **54.** b., c., d.
55. c. Papillary carcinoma **56.** a. Papillary carcinoma **57.** b. Metastatic foci.... **58.** d. Near total thyroidectomy...

59. Cervical lymph node involvement in papillary carcinoma thyroid, best treatment is: (PGI June 2000)
a. Radioactive iodine
b. Chemotherapy
c. Radical neck dissection
d. Steroid

60. Which of the following is used in the treatment of differentiated thyroid cancer: (All India 2006)
a. I-131
b. 99mTc
c. P-32
d. I-131 MIBG

61. In treatment of papillary carcinomas thyroid, radioiodine destroys the neoplastic cells predominantly by: (AIIMS Nov 2005)
a. X-rays
b. Beta rays
c. Gamma rays
d. Alpha particles

Schwartz 9/e p1355, 1365; Sabiston 19/e p898, 911; Bailey 26/e p767-768, 25/e p787, 791; William's Endocrinology 10/e p479

62. A 21-year-old woman has 3 cm node in the lower deep cervical chain on the left. The biopsy is interpreted as revealing normal thyroid tissue in a lymph node. The most likely diagnosis is: (DNB 2012, DPG 2009 Feb)
a. Subacute thyroiditis
b. Metastatic carcinoma thyroid
c. Hashimoto's disease
d. Lateral aberrant thyroid

63. All of the following regarding papillary carcinoma thyroid is true except: (All India 2001)
a. Multicentric origin
b. Secondaries to lymph nodes
c. Slowing growing
d. Bony metastasis in early stage

Ref: Schwartz 9/e p1362, 1363, 1367, 1368; Sabiston 19/e p906, 909, 912, 913; Bailey 26/e p765-768, 25/e p795-797

64. Screening method of medullary carcinoma thyroid is:
a. Serum calcitonin (All India 2002, AIIMS Nov 2003)
b. Serum calcium
c. Serum alkaline phosphate
d. Serum acid phosphatase

Ref: Schwartz 9/e p1367-1368; Sabiston 19/e p912-913; Bailey 26/e p768-769, 25/e p797; Harrison 18/e p2938

65. Treatment of medullary carcinoma thyroid:
a. Surgery and Radiotherapy (AIIMS May 2011)
b. Radiotherapy and Chemotherapy
c. Surgery only
d. Radioiodine ablation

Ref: Schwartz 9/e p1368; Sabiston 19/e p913; Bailey 26/e p769, 25/e p797

66. False statement about feature of MTC: (PGI Nov 2011)
a. Familial MTC may presents in 2nd decade
b. It has characteristic amyloid stroma
c. Secrete serotonin
d. Take up radioiodine
e. Secrete calcitonin

67. Thyroid radioiodine ablation therapy is useful in all except:
a. Recurrent papillary carcinoma (PGI May 2011)
b. Residual papillary carcinoma
c. Anaplastic carcinoma
d. Follicular carcinoma
e. Medullary carcinoma

68. Feature(s) of medullary carcinoma thyroid: (PGI Nov 2010)
a. Arises from parafollicular cells
b. Amyloid stroma is present on histology
c. 10-26% cases are familial
d. Diarrhea occurs
e. Total thyroidectomy is performed

69. Age for prophylactic thyroidectomy in MEN IIB syndrome: (MHSSMCET 2009)
a. 1 month
b. 2 months
c. 4 months
d. 6 months

Ref: Schwartz 9/e p1368; Sabiston 19/e p913

70. Thyroid carcinoma associated with hypocalcemia is: (AIIMS Dec 2008)
a. Follicular carcinoma
b. Medullary carcinoma
c. Anaplastic carcinoma
d. Papillary carcinoma

Ref: Sabiston 19/e p912-913

71. Medullary carcinoma thyroid arises from: (AIIMS Nov 2009)
a. Parafollicular cells
b. Cells lining the acini
c. Capsule of thyroid
d. Stroma of the gland

72. Which of the following is true regarding medullary carcinoma of the thyroid: (PGI Dec 2001)
a. Arises from parafollicular cells
b. Secretes calcitonin
c. Occurs in families
d. Amyloid in stroma
e. Commonly malignant

73. Amyloid deposition is seen in which type of carcinoma thyroid: (MCI Sept 2009)
a. Follicular
b. Papillary
c. Anaplastic
d. Medullary

Ans.	**59.** c. Radical neck...	**60.** a. I^{131}	**61.** b. Beta rays.	**62.** d. Lateral aberrant thyroid
	63. d. Bony metastasis...	**64.** a. Serum calcitonin	**65.** c. Surgery only.	**66.** d. Take up radioiodine
	67. c. Ana..., e. Medu...	**68.** All	**69.** d. 6 months.	**70.** None.
	71. a. Parafollicular cells	**72.** a., b., c., d., e.	**73.** d. Medullary.	.

74. **All of the following are true regarding medullary carcinoma of thyroid except:** (MCI March 2010)
 a. Total thyroidectomy is done
 b. Parafollicular cells involved
 c. TSH dependent
 d. Releases calcitonin

75. **Treatment of medullary carcinoma thyroid:**
 a. Surgery and radiotherapy (AIIMS Nov 2008)
 b. Radiotherapy and chemotherapy
 c. Surgery only
 d. Radioiodine ablation

76. **Needle biopsy of solitary thyroid nodule in a young woman with palpable cervical lymph nodes on the same sides demonstrates amyloid in stroma of lesion. Likely diagnosis is:** (All India 2002)
 a. Medullary carcinoma thyroid
 b. Follicular carcinoma thyroid
 c. Thyroid adenoma
 d. Multinodular goiter

77. **In medullary carcinoma thyroid tumour marker is:** (AIIMS June 2004)
 a. TSH
 b. Calcitonin
 c. T3, T4 and TSH
 d. Alpha Fetoprotein

78. **After thyroidectomy for medullary carcinoma of thyroid, which is important for determining recurrence of tumour:**
 a. Thyroglobulin
 b. TSH (MCI Sept 2009)
 c. CEA
 d. Thyroxine levels

79. **The expression of the following oncogene is associated with a high incidence of medullary carcinoma of thyroid:** (AIIMS Nov 2005)
 a. p53
 b. Her-2-neu
 c. Ret proto-oncogene
 d. Rb gene

80. **A 26-years women presents with a palpable thyroid nodule, and needle biopsy demonstrates amyloid in the stroma of the lesion. A cervical lymph node is palpable on the same side as the lesion. The preferred treatment should be:** (All India 2002)
 a. Removal of the involved node, the isthmus, a portion of the opposite bone and he enlarged lymph node
 b. Removal of the involved lobe, the isthmus, a portion of the opposite lobe, and he enlarged lymph node
 c. Total thyroidectomy and modified neck dissection on the side of the enlarged lymph node
 d. Total thyroidectomy and irradiation of the cervical lymph nodes

81. **Amyloid stroma is seen in which carcinoma thyroid:** (AIIMS June 2000)
 a. Papillary carcinoma
 b. Medullary carcinoma
 c. Anaplastic carcinoma
 d. Follicular carcinoma

82. **A patient has pituitary tumour and pheochromocytoma and a thyroid nodule. Which carcinoma is most likely to occur:** (AIIMS Nov 2000)
 a. Follicular carcinoma
 b. Medullary carcinoma
 c. Papillary carcinoma
 d. Anaplastic carcinoma

83. **A 52 years female patient presents with symptoms of pheochromocytoma. She also has a thyroid carcinoma. Her thyroid carcinoma is of which type:** (AIIMS June 2002)
 a. Anaplastic
 b. Medullary
 c. Follicular
 d. Papillary

84. **MEN-2 is seen with the following type of thyroid carcinoma:**
 a. Papillary
 b. Medullary (All India 2007)
 c. Anaplastic
 d. Follicular

85. **Serum calcitonin is a marker for:** (DNB 2003, All India 2005)
 a. Anaplastic carcinoma
 b. Papillary carcinoma
 c. Medullary carcinoma
 d. Follicular carcinoma

86. **Treatment of choice for medullary carcinoma of thyroid is:** (AIIMS May 2005)
 a. Total thyroidectomy
 b. Partial thyroidectomy
 c. I-131 ablation
 d. Hemithyroidectomy

87. **Treatment of medullary carcinoma of thyroid with lymph node metastasis:** (PGI June 2005)
 a. Subtotal thyroidectomy + Radioiodine
 b. Subtotal thyroidectomy + Radiotherapy
 c. Near total thyroidectomy + Radioiodine
 d. Neat total thyroidectomy + Radiotherapy
 e. Total thyroidectomy + Radiotherapy

88. **All of the following are helpful for diagnosis of medullary carcinoma thyroid except:** (PGI 2000)
 a. Spindle cell stroma with few follicles
 b. Amyloid deposition
 c. Calcitonin in stroma
 d. Histological mitochondria is essential for diagnosis

Ans.
74. c. TSH dependent **75.** c. Surgery only **76.** a. Medullary... **77.** b. Calcitonin...
78. c. CEA **79.** c. Ret proto-oncogene **80.** c. Total thyroidectomy... **81.** b. Medullary carcinoma
82. b. Medullary carci... **83.** b. Medullary **84.** b. Medullary **85.** c. Medullary carcinoma
86. a. Total thyro... **87.** e. Total thyroidectomy... **88.** d. Histological .

89. Which of the following gene defects is associated with development of medullary carcinoma of thyroid:
a. Ret proto oncogene
b. FAP gene (All India 2004)
c. Rb gene
d. BRCA-1 gene

90. Commonest presenting complaints of medullary carcinoma thyroid: (PGI 2003)
a. Diarrhea
b. Dysphagia
c. Hoarseness
d. Flushing

91. Which of the following is true about medullary carcinoma:
a. Calcitonin is not a marker (DPG 2008)
b. Arises from parafollicular C cells
c. Produces PTH
d. Take up radioiodine

92. True about medullary carcinoma thyroid: (DPG 2007)
a. Good prognosis
b. Associated with MEN-1
c. Increased calcitonin is not associated with hypocalcemia
d. Treated by near total thyroidectomy

93. All of the following are true for follicular carcinoma of thyroid except: (ComedK 2006)
a. Lymph node involvement rare
b. Vascular involvement common
c. Younger patients have good prognosis
d. Diagnosis by FNAC

Fef: Schwartz 9/e p1364, 1357; Sabiston 19/e p901-902; Bailey 26/e p765, 25/e p775

94. Thyroid carcinoma with pulsating vascular skeletal metastasis is: (ComedK 2007, All India 2005)
a. Follicular
b. Anaplastic
c. Medullary
d. Papillary

95. Follicular carcinoma of thyroid is due to mutation of:
a. RAS
b. HGF (JIPMER 2010)
c. RET
d. ABL

Ref: Schwartz 9/e p1361; Sabiston 19/e p905

96. A well differentiated follicular carcinoma of thyroid can be best differentiated from a follicular adenoma by:
a. Hurthle cell change (All India 2011, 2009)
b. Lining of tall columnar and cuboidal cells
c. Vascular invasion
d. Nuclear features

Ref: Schwartz 9/e p1363-1365; Sabiston 19/e p909-912; Bailey 26/e p765-768, 25/e p794-796; Harrison 18/e p2936

97. FNAC is useful in all the following types of thyroid carcinoma except:
(UPPG 2010, MCI March 2005, All India 2003)
a. Papillary
b. Follicular
c. Anaplastic
d. Medullary

98. Most probable malignancy that develops in a case of long-standing goiter is:
(All India 2000, AIIMS Feb 2002, Nov 2001)
a. Follicular carcinoma
b. Anaplastic carcinoma
c. Papillary carcinoma
d. Medullary carcinoma

99. Bone metastasis is common in which thyroid tumor:
a. Follicular
b. Papillary (AIIMS Nov 2012)
c. Hurthle cell tumour
d. Anaplastic

100. Thyroid nodule of 4 cm size, mobile but causing compressive symptoms. All are true except: (DNB 2011)
a. FNAC is investigation of choice
b. FNAC cannot distinguish follicular adenoma from carcinoma
c. Managed by sub-total thyroidectomy
d. Cold nodules are diagnostic of malignancy

101. In case of adenomatoid goiter which carcinoma is commonest to occur: (AIIMS Nov 2012)
a. Medullary carcinoma
b. Follicular carcinoma
c. Papillary carcinoma
d. Anaplastic carcinoma

102. Carcinoma thyroid with blood borne metastasis is:
a. Follicular
b. Papillary (AIIMS Feb 2012)
c. Medullary
d. Anaplastic

103. Lymph node metastasis is least commonly seen with:
a. Papillary CA Thyroid
(All India 94)
b. Medullary CA Thyroid
c. Follicular CA Thyroid
d. Anaplastic CA Thyroid

104. A 20-year-old female patient presented with a thyroid swelling. Most probably, the fine needle aspiration cytology will not diagnose: (AIIMS Nov 2001)
a. Papillary carcinoma of thyroid
b. Medullary carcinoma of thyroid
c. Non-Hodgkin's lymphoma of thyroid
d. Follicular carcinoma of thyroid

Ans. **89.** a. Ret proto onco... **90.** a. Diarrhea **91.** b. Arises from.... **92.** c. Increased calcitonin....
93. d. Diagnosis by FNAC. **94.** a. Follicular **95.** a. RAS **96.** c. Vascular invasion
97. b. Follicular **98.** a. Follicular carcinoma **99.** a. Follicular. **100.** d. Cold nodules are...
101. b. Follicular car... **102.** a. Follicular; c. Medullar **103.** c. Follicular CA Thyroid **104.** d. Follicular

105. Hurthle cells are seen in: (DPG 2007)
a. Papillary carcinoma thyroid
b. Follicular carcinoma thyroid
c. Medullary carcinoma thyroid
d. Anaplastic carcinoma
Ref: Schwartz 9/e p1364; Sabiston 19/e p912

106. Metastasis from follicular carcinoma should be treated by:
a. Radioiodine (MCI Sept 2006)
b. Surgery
c. Thyroxine
d. Observation

107. Metastasis in thyroid gland come most commonly from carcinoma of: (PGI June 2007)
a. Testis
b. Prostate
c. Breast
d. Lungs
Ref: Schwartz 9/e p1369

108. Regarding anaplastic carcinoma which statements(s) is/are true: (PGI Dec 2008)
a. Common in elderly
b. Well encapsulated
c. Surrounding neck tissue is usually free
d. Distant metastasis is common
e. Some degree of differentiation to papillary and follicular type is seen
Ref: Schwartz 9/e p1369; Sabiston 19/e p913-914; Bailey 26/e p768, 25/e p797; Harrison 18/e p2938

109. Not true about anaplastic thyroid carcinoma:
a. Local infiltration common (PGI May 2011)
b. Spread by lymphatic route
c. Long term survival in patient undergoing surgery
d. Surgery is of limited value
e. Highly chemosensitive

110. A patient with long standing multinodular goitre develops hoarseness of voice and swelling undergoes sudden increase in size. Likely diagnosis is: (All India 2001)
a. Follicular carcinoma
b. Papillary carcinoma
c. Medullary carcinoma
d. Anaplastic carcinoma

111. The treatment of choice for anaplastic carcinoma of thyroid infiltrating trachea and sternum will be: (AIIMS Nov 2005)
a. Radical excision
b. Chemotherapy
c. Radiotherapy
d. Palliative/Symptomatic treatment

112. Regarding anaplastic carcinoma which statements (s) is/are true:
a. Common in elderly (PGI Dec 2008, June 2004)
b. Associated with p53 mutation
c. Surrounding neck tissue is usually free
d. Radiotherapy cures
e. Lymphatic spread occur
Ref: Schwartz 9/e p1361; Sabiston 19/e p905

113. All of the following are true about lymphoma of the thyroid except: (All India 2007)
a. More common in females
b. Slow growing
c. Clinically confused with undifferentiated tumors
d. May present with respiratory distress and dysphagia
Ref: Schwartz 9/e p1369; Sabiston 19/e p914; Bailey 26/e p769, 25/e p798; Harrison 18/e p2938

114. Thyroid storm after operation is due to: (ComedK 2007)
a. Inadequate control of hyperthyroidism
b. Massive bleeding
c. Recurrent laryngeal nerve injury
d. Postoperative infection
Ref: Schwartz 9/e p1355; Sabiston 19/e p897; Bailey 26/e p754-758, 25/e p786-787; Harrison 18/e p2927

115. Which of the following is the agent of choice for treating thyrotoxicosis during pregnancy: (ComedK 2010)
a. Carbimazole
b. Propylthiouracil
c. Methimazole
d. Radioactive I-131
Ref: Harrison 17/e p47

116. All of the following are features of thyrotoxicosis, except:
a. Diastolic murmur
b. Soft non ejection systolic murmur
c. Irregularly, irregular pulse
d. Scratching sound in systole
Ref: Harrison 18/e p2923

117. Dancing carotid is seen in: (AIIMS Dec 2002)
a. Thyrotoxicosis
b. Hypothyroidism
c. AV Fistula
d. Blow out carotid
Ref: Harrison 18/e p2923; 16th/2108

118. The best marker to diagnose thyroid related disorder is:
a. T3
b. T4
c. TSH
d. Thyroglobulin
Ref: Schwartz 9/e p1349; Sabiston 19/e p893; Bailey 26/e p743, 25/e p773; Harrison 18/e p2917

119. The laboratory investigation of patient shows ↓ in T3, ↓ in T4 and ↓ in TSH, it cannot be:
a. Primary hypothyroidism
b. Pan-hypopituitarism
c. Liver disease
d. None of the above
Ref: Harrison 18/e p2920-2921

Ans. **105.** b. Follicular... **106.** a. Radioiodine **107.** c. Breast. **108.** a., d., e..
109. c. Long..., e. Highly... **110.** d. Anaplastic carcinoma **111.** d. Palliative... **112.** a., b., e..
113. b. Slow growing **114.** a. Inadequate... **115.** b. Propylthiouracil **116.** a. Diastolic murmur
117. a. Thyrotoxicosis **118.** c. TSH. **119.** a. Primary

120. The occurrence of hypothyroidism following administration of supplemental iodine to subjects with endemic iodine to subjects with endemic iodine deficiency goiter is known as: (All India 2004)

a. Jod- Basedow effect
b. Wolff-Chaikoff effect
c. Thyrotoxicosis factitia
d. De Quervain's thyroiditis

Ref: Schwartz 9/e p1348; Sabiston 19/e p892; Harrison 17/e p2241

121. In thyrotoxicosis, β-blockers do not control: (All India 2002)

a. Anxiety
b. Tremors
c. Tachycardia
d. Oxygen consumption

Ref: Harrison 18/e p2926; 17/e p2236

122. All of the following are associated with thyroid storm, except: (All India 2002)

a. Surgery for thyroiditis
b. Surgery for thyrotoxicosis
c. Stressful illness in thyrotoxicosis
d. I-131 therapy for thyrotoxicosis

123. Cardiovascular findings in an elderly thyrotoxicosis patient are all, except: (All India 2000)

a. Early diastolic murmur
b. Systolic ejection murmur
c. Scratch in left 2nd intercostal space
d. Irregularly irregular pulse

124. Treatment of thyroid storm includes all, except: (AIIMS Nov 2003)

a. Propranolol
b. Radioactive iodine
c. Hydrocortisone
d. Lugol's iodine

125. Difference between thyrotoxicosis and malignant hyperthermia is: (AIIMS June 2001)

a. Hyperthermia
b. Tachycardia
c. Muscle rigidity
d. Elevated serum CPK level

126. In thyrotoxicosis, which of the following is seen: (TN 2002)

a. Pretibial myxedema
b. Glycosuria
c. Unilateral exophthalmos
d. All

127. Toxic adenoma on scanning appear as: (JIPMER 2004)

a. Hot nodule
b. Cold nodule
c. Warm nodule
d. Neutral

Ref: Schwartz 9/e p1355; Sabiston 19/e p896; Bailey 26/e p755, 25/e p783; Harrison 18/e p2932

128. Thyroid storm after operation is due to: (ComedK 2007)

a. Inadequate control of hyperthyroidism
b. Massive bleeding
c. Recurrent laryngeal nerve injury
d. Postoperative injection

129. A 48-year-old woman underwent subtotal thyroidectomy. She has vague family history of malignant hyperthermia. She develops agitation, restlessness, fever, tremor, shivering, and tachypnea. Thyrotoxic crises can be best distinguished from malignant hyperthermia by estimating: (Kerala 2004)

a. Temperature variation
b. Increased CPK levels
c. LDH
d. Muscular rigidity

130. A 55-year-old male patient underwent cholecystectomy for Gall stone calculus. During surgery the patient's pulse was irregularly irregular, 160/min, BP = 80/50 mm of Hg, temp. 40°c. On examination a swelling in the neck was found. Most likely diagnosis is: (MAHE 2007)

a. Thyroid storm
b. Myocardial infarction
c. Arrythmias
d. Stridor

131. All of the following conditions are associated with hyperthyroidism, except: (All India 2011)

a. Hashimoto's thyroiditis
b. Grave's disease
c. Toxic multinodular goiter
d. Struma ovary

132. Hyperthyroidism occurs in: (PGI Nov 2011)

a. Hashimoto thyroiditis
b. Graves' disease
c. Medullary thyroid carcinoma
d. Plummer's disease
e. Struma ovarii

Ref: Harrison 18/e p1922; Robbins 7/e p1167

133. Features of hyperthyroidism are all except: (MCI March 2005)

a. Voracious appetite
b. Cold intolerance
c. Emotional disturbance
d. Sleeplessness

134. Most common symptom of retrosternal goiter: (Punjab 2010, PGI June 2011)

a. Dysphagia
b. Stridor
c. Dyspnoea
d. Superior vena cava syndrome

Ref: Schwartz 9/e p1358; Sabiston 19/e p898; Bailey 26/e p753-754, 25/e p782

Ans. **120.** b. Wolff-Chaikoff... **121.** d. Oxygen consumption **122.** a. Surgery for thyroiditis **123.** a. Early diastolic murmur
124. b. Radioactive iodine **125.** d. Elevated serum... **126.** d. All **127.** a. Hot nodule
128. a. Inadequate... **129.** b. Increased CPK levels **130.** a. Thyroid storm **131.** a. Hashimoto's
132. b., c., d., e. **133.** b. Cold intolerance **134.** c. Dyspnoea

135. Retrosternal tumor cause: (TN 2003)
a. Bluish discoloration of the face
b. Edema of face
c. Can occur in thyroid tumors
d. All

136. Retrosternal goiter is characterized by: (DPG 2005)
a. Stridor
b. Always malignant
c. Bilateral
d. None of the above

137. During thyroidectomy, inferior thyroid artery is ligated at:
a. Maximally away from the gland (MCI Sept 2005)
b. Close to the gland
c. Half way from the gland
d. None of the above

Schwartz 9/e p1369-1372; Sabiston 19/e p915-919; Bailey 26/e p760-761, 25/e p789-791

138. Complications of total thyroidectomy include all except: (AIIMS May 2005)
a. Hoarseness
b. Airway obstruction
c. Hemorrhage
d. Hypercalcemia

Ref: Schwartz 9/e p1372-1373; Sabiston 19/e p921; Bailey 26/e p761-762, 25/e p790-792

139. Two hours after subtotal thyroidectomy for thyrotoxicosis, young woman rapidly becomes agitated and complains of increasing difficulty in breathing. Her pulse rate rises and central cyanosis is noticed on examination, her neck is found to be tensely swollen beneath the stitches. The most appropriate management in this case would be: (DPG 2011)
a. Intranasal oxygen
b. Passing an endotracheal tube in the ward
c. Removing sutures from all layers in the ward and evacuation of hematoma
d. Immediate transfer of the patient to the operation theatre for tracheostomy

140. Horner's syndrome, all are true except: (AIIMS May 2011)
a. Miosis
b. Anhydrosis
c. Hyperchromatic iris
d. Apparent exophthalmos

Harrison 18/e p225, 237

141. Horner's syndrome is seen in all except: (AIIMS Nov 2010)
a. Carotid artery aneurysm
b. Medial medullary syndrome
c. Can occur following surgery for Raynaud's syndrome
d. Multiple sclerosis

Ref: Harrison 17/e p2588

142. Horner's syndrome does not include: (ComedK 2004)
a. Ptosis
b. Anhydrosis
c. Flushing
d. Mydriasis

143. During thyroidectomy, inferior thyroid artery ligation is done at what level: (MHPGMCET 2003)
a. As close to the thyroid gland as possible
b. As far away as possible from the thyroid gland
c. In the trachea-esophageal groove
d. Any of the above

Ref: Schwartz 9/e p1369-1372; Sabiston 19/e p915-919

144. About thyroid surgery all are true except: (Punjab 2008)
a. Superior thyroid artery is ligated near the gland
b. Capsule is removed
c. Inferior thyroid artery is ligated away from gland
d. Capsule is kept intact

Ref: Schwartz 9/e p1369-1372

145. Hypoparathyroidism following thyroid surgery occurs within: (AIIMS Nov 2004, Nov 2003)
a. 24 hours
b. 2-5 days
c. 7-14 days
d. 2-3 weeks

146. Complications of hemithyroidectomy include all of the following except: (All India 2008)
a. Hypocalcemia
b. Wound hematoma
c. Recurrent laryngeal nerve palsy
d. External branch of superior laryngeal nerve palsy

147. A patient undergoes thyroid surgery, following which he develops perioral tingling. Blood calcium is 8.9 meq/L. Next step is: (All India 2001)
a. Vitamin D orally
b. Oral calcium and vitamin D
c. Intravenous calcium gluconate and serial monitoring
d. Wait for calcium to decrease to <7.0 before talking further action

Ref: Schwartz 9/e p1373; Sabiston 19/e p921; Bailey 26/e p762, 25/e p791

148. Patient after thyroid surgery presents with perioral paresthesia. Serum calcium level is 7 mg/dl. What will be the best management: (AIIMS Nov 2000)
a. Oral vitamin D3
b. Oral vitamin D3 with calcium
c. IV calcium gluconate
d. Oral calcium

149. A post-thyroidectomy patient develops signs and symptoms of tetany. The management is: (All India 2000)
a. IV calcium gluconate
b. Bicarbonate
c. Calcitonin
d. Vitamin D

Ans.				
	135. d. All	**136.** a. Stridor	**137.** b. Close to the gland	**138.** d. Hypercalcemia
	139. c. Removing...	**140.** d. Apparent...	**141.** b. Medial medullary...	**142.** d. Mydriasis...
	143. a. As close...	**144.** c. Inferior..., d. Capsule...	**145.** b. 2-5 days	**146.** a. Hypocalcemia...
	147. b. Oral calcium...	**148.** d. Oral calcium	**149.** a. IV calcium...	

150. In postoperative room after thyroid surgery patient developed sudden respiratory distress, dressing was removed and it was found to be slightly blood stained and wound was bulging. What will be first thing to be done:

a. Tracheostomy (AIIMS June 2000, Nov 2000)
b. Cricothyroidotomy
c. Laryngoscopy and intubation
d. Remove the stitch and take the patient to O.T.

151. A patient presents with swelling in the neck following a thyroidectomy; what is the most likely resulting complication: (All India 2001)

a. Respiratory obstruction
b. Recurrent laryngeal nerve palsy
c. Hypovolemia
d. Hypocalcemia

152. Patient presents with neck swelling and respiratory distress few hours after a thyroidectomy surgery. Next management would be: (All India 2001)

a. Open immediately
b. Trecheostomy
c. Wait and watch
d. Oxygen by mask

153. Most dangerous complication in a patient who had undergone thyroid surgery and develop hematoma at the operative site: (AIIMS Nov 2002)

a. Respiratory obstruction
b. Recurrent laryngeal nerve palsy
c. Dysphagia
d. Shock

154. After thyroidectomy, patient developed stridor within 2 hours. All are likely cause of stridor except:

a. Hypocalcemia (AIIMS Nov 2001, Nov 2000)
b. Recurrent laryngeal nerve palsy
c. Laryngomalacia
d. Wound hematoma

155. A 50-years old male is suffering from severe dyspnea after thyroid surgery, treatment of choice is: (AIIMS June 2004)

a. Tracheostomy
b. Open the operative site
c. Wait and watch
d. Cricothyroidotomy

156. A patient operated for thyroid surgery for a thyroid swelling, later in the evening developed difficulty in breathing. There was swelling in the neck. The immediate management would be: (AIIMS June 2002)

a. Epinephrine injection
b. Tracheostomy
c. IV calcium gluconate
d. Open the wound sutures in the ward

157. Replacement dose of thyroxine is: (All India 2006)

a. 0.1-0.2 mg
b. 0.3-0.4 mg
c. 1-2 mg
d. 3-4 mg

Ref: Harrison 18/e p2922

158. All of the following are early life threatening complications of thyroid operation except: (DPG 2010, SGPGI 2005)

a. Tracheomalacia and collapse of the larynx
b. Wound hematoma with compression of the trachea
c. Hypocalcemia
d. Thyroid storm

159. Vocal cord palsy in thyroid surgery is due to injury to:

a. Superficial laryngeal nerve (ComedK 2008, UPSC 2008)
b. Recurrent laryngeal nerve
c. Ansa cervicalis
d. Vagus nerve

160. In case of hypothyroidism which investigation is most informative and most commonly used: (AIIMS June 2012)

a. Serum TSH level
b. Serum T3, T4 level
c. Serum calcitonin assay
d. Serum TRH assay

Ref: Schwartz 9/e p1349; Sabiston 19/e p893; Bailey 26/e p743, 25/e p773; Harrison 18/e p2917

161. Hypothyroidism with increased TSH level is seen in all except: (PGI 2002)

a. Sheehan's syndrome
b. Lithium carbonate therapy
c. Post radioiodine ablation
d. Endemic goitre

Ref: Harrison 18/e p386

162. Hyoid bone is closely associated with: (Orissa 2011)

a. Bronchogenic cyst
b. Cystic hygroma
c. Branchial cyst
d. Thyroglossal cyst/fistula

Ref: Schwartz 9/e p1344; Sabiston 19/e p813-814

163. True about thyroglossal cyst is all except: (MHPGMCET 2003)

a. Does not move with deglutition
b. Move with protrusion of tongue
c. Sistrunk's operation is treatment of choice
d. Most common site is subhyoid region

164. Sistrunk's operation is done in: (MHPGMCET 2008, 2006)

a. Parotid tumor
b. Thyroglossal fistula
c. Thyroglossal cyst
d. Branchial fistula

Ans.	**150.** d. Remove the sti...	**151.** a. Respiratory obstruction	**152.** a. Open immediately	**153.** a. Respiratory obstruction
	154. a. Hypocalcemia	**155.** b. Open the operative site	**156.** d. Open the wound...	**157.** a. 0.1-0.2 mg
	158. c. Hypocalcemia	**159.** b. Recurrent...	**160.** a. Serum TSH level	**161.** a. Sheehan's syndrome
	162. d. Thyroglossa...	**163.** a. Does not move...	**164.** c. Thyroglossal cyst	

165. Most common site of thyroglossal cyst: (DNB 2009, 2007, 2005, 2003, MHSSMCET 2005, AIIMS June 2000)
a. Suprahyoid
b. Hyoid
c. Subhyoid
d. Intra-thyroid

166. Most common site for thyroglossal cyst is: (UPPG 2010)
a. Beneath the hyoid
b. Suprahyoid region
c. In the region of thyroid cartilage
d. Above the hyoid bone

167. The following statements about thyroglossal cyst are true, except: (All India 2006)
a. Frequent cause of anterior midline neck masses in the first decade of life
b. The cyst is located within 2 cm of the midline
c. Incision and drainage is the treatment of choice
d. The swelling moves upwards on protrusion of tongue

168. Thyroglossal cyst may occasionally give rise to carcinoma:
a. Papillary
b. Medullary
c. Anaplastic
c. Follicular

169. Sistrunk's operation consists of: (DPG 2009 March)
a. Excision of hyoid bone and cone of tongue muscle
b. Excision of hyoid bone and the cyst
c. Excision of central part of hyoid bone and cone of tongue muscles upto foramen caecum
d. Excision of cyst only

170. A central midline neck swelling is noted in a 4 years old girl posted for tonsillectomy. The swelling is, painless, mobile, and cystic, just below the hyoid bone of size 2x1.1x1cm. USG showed a thick walled cystic lesion. Management would include: (AIIMS Nov 2004)
a. Surgical removal
b. Antibiotics
c. Percutaneous aspiration
d. Chest X-ray

171. All of the following are features of Grave's disease except: (MCI Sept 2005)
a. More common in males
b. Tremor
c. Pretibial myxoedema
d. Intolerance to heat

Ref: Schwartz 9/e p1353-1354; Sabiston 19/e p896-898; Bailey 26/e p755-758, 25/e p783-787; Harrison 18/e p2922-2927

172. All of the following are true regarding Grave's disease except: (MCI Sept 2006)
a. Orbital proptosis
b. Presents as primary thyrotoxicosis
c. Anti-TPO antibodies
d. Pretibial myxoedema

173. Complications of therapy with radioactive iodine includes: (UPSC 2007, 2008)
a. Thyroid malignancy
b. Hypothyroidism
c. Leukemia
d. All of the above

Ref: William's Endocrinology 10/e p479

174. Which of the following conditions is most common complication of radioiodine treatment of Grave's disease: (ComedK 2005, 2004)
a. Thyroid storm
b. Subacute thyroiditis
c. Thyroid cancer
d. Hypothyroidism

175. In which of the following conditions radioactive iodine (Irradiation) can be used in Grave's disease: (PGI Nov 2010)
a. Recurrence
b. Age >40 years
c. Elderly
d. Pregnant
e. Presence of associated co-morbidities

Ref: Schwartz 9/e p1354-1355; Sabiston 19/e p897-898; Bailey 26/e p757-758, 25/e p786-787; Harrison 18/e p2925-2927

176. Pretibial myxedema is seen in: (MHPGMET 2005)
a. Thyrotoxicosis
b. Hypothyroidism
c. Hyperparathyroidism
d. All

177. Therapy of choice for diffuse toxic goiter in a patient over 45 years: (JIPMER 2010)
a. Surgery
b. Antithyroid drugs
c. Radio iodine
d. Antithyroid drugs first followed by surgery

178. Thyroid biopsy of a patient showed the presence of Hurthle cells. Antibodies found in this condition are: (Punjab 2011)
a. Anti-TPO
b. Anti-mitochondrial
c. Anti-RNP
d. Anti-dsDNA

Schwartz 9/e p1357; Sabiston 19/e p895; Bailey 26/e p770, 25/e p799; Harrison 18/e p2929

179. A 40-year-old female presents with fever, fatigue, diffuse painful swelling in the midline of the neck, FNAC of the same reveals epitheloid cells and giant cells, the likely diagnosis is:
a. Acute thyroiditis
b. Subacute thyroiditis
c. Tubercular lymphadenitis
d. Hashimotos thyroiditis

Ref: Schwartz 9/e p1356; Sabiston 19/e p895; Bailey 26/e p771, 25/e p800; Harrison 18/e p2928

Ans.	**165.** c. Subhyoid	**166.** a. Beneath the hyoid	**167.** c. Incision and dra...	**168.** a. Papillary
	169. c. Excision of cen...	**170.** a. Surgical removal...	**171.** a. More common in males	**172.** None
	173. d. All of the above	**174.** d. Hypothyroidism	**175.** b., c., e.	**176.** a. Thyrotoxicosis
	177. c. Radioiodine	**178.** a. Anti-TPO	**179.** b. Subacute thyroiditis	

180. A patient with autoimmune thyroiditis present with hypothyroidism. Which of the following is true:
a. Thyroid peroxidase antibodies (JIPMER 2011)
b. Painless enlargement of thyroid
c. Common in men
d. No malignant risk

181. A person has fever and pain in thyroid gland. True statement(s) is/are: (PGI June 2009)
a. T3 and T4 level normal
b. ↑ ESR
c. ↑ TSH
d. It is due to TB
e. Radioactive iodine uptake is ↑ ed

182. Hashimoto's thyroiditis, all are true except:
a. Follicular destruction (AIIMS May 2011)
b. Increase in lymphocytes
c. Oncocytic metaplasia
d. Orphan Annie eye nuclei

183. The laboratory investigation of a patient shows ↓ T4, and ↑ TSH. Which of the following is the most likely diagnosis: (All India 2011)
a. Grave's disease
b. Hashimoto's disease
c. Pituitary failure
d. Hypothalamic failure

184. Which of the following conditions is associated with hypothyroidism: (All India 2011)
a. Hashimoto's thyroiditis
b. Grave's disease
c. Toxic multinodular goiter
d. Struma ovary

185. Most common cause of thyroiditis is: (All India 2000)
a. Reidel's thyroiditis
b. Subacute thyroiditis
c. Hashimoto's thyroiditis
d. Viral thyroiditis

186. All of the following are true of de-Quervain's thyroiditis except: (All India 2008)
a. Pain
b. Increased ESR
c. Increased radioactive iodine uptake
d. Fever

187. Not a feature of de-Quervain's disease: (All India 2002)
a. Autoimmune in etiology
b. ↑ ESR
c. Tends to regress spontaneously
d. Painful and associated with enlargement of thyroid

188. Decreased radio iodine uptake is/are seen in:
a. Toxic multinodular goiter (PGI Dec 2000)
b. Grave's disease
c. Subacute thyroiditis
d. Factitious thyroiditis

Ref: Schwartz 9/e p1353; Harrison 17/e p2229

189. Which of the following is wrong about subacute thyroiditis:
a. Usually presents with painful enlargement of thyroid gland (Orissa 2011)
b. There may be features of hyperthyroidism or hypothyroidism
c. In the thyrotoxic phase radioiodine uptake is increased
d. High ESR

190. 'Hurthle cells ' are seen in: (All India 2002)
a. Agranulomatous thyroiditis
b. Hashimoto's thyroiditis
c. Papillary carcinoma of the thyroid
d. Thyroglossal cyst

191. A patient presents with bilateral proptosis, heat intolerance and palpitations. Most unlikely diagnosis here would be: (All India 2001)
a. Hashimoto's thyroiditis
b. Thyroid adenoma
c. Diffuse thyroid goitre
d. Reidel's thyroiditis

Ref: Schwartz 9/e p1357; Sabiston 19/e p896; Bailey 26/e p771, 25/e p800

192. A 25-year-old male presents with ophthalmologic signs of thyrotoxicosis. All are possibilities, except: (All India 2002)
a. Diffused thyroid goitre
b. Hashimoto's thyroiditis
c. Riedel's thyroiditis
d. Adenomatous goitre

193. A young patient has a midline, tender swelling in neck occurring after an attack of sore throat. The diagnosis is:
a. Acute thyroiditis (AIIMS Nov 2007)
b. Thyroglossal cyst
c. Subacute thyroiditis
d. Toxic goiter

Ref: Schwartz 9/e p1356; Sabiston 19/e p895

194. In Hashimoto's disease serum antibodies are mainly against: (JIPMER 2001, AIIMS 2002, 2003)
a. Thyroid follicles
b. Thyroxine
c. Thyroglobulins
d. Iodine

195. The only reason for operating in case thyroiditis:
a. To prevent cancerous degeneration
b. For relief of pain in neck and ear
c. To overcome pressure on trachea or esophagus
d. To cure the toxic reaction (JIPMER 2007, AIIMS 2006)
e. If there is auto immune reaction

Ans.	**180.**	a. Thyroid pero...	**181.**	b. ↑ ESR	**182.**	d. Orphan Annie...	**183.**	b. Hashimoto's disease
	184.	a. Hashimoto's...	**185.**	c. Hashimoto's...	**186.**	c. Increased...	**187.**	a. Autoimmune
	188.	c. Sub...; d. Fac...	**189.**	c. In the thyrotoxic...	**190.**	b. Hashimoto's...	**191.**	d. Reidel's thyroiditis
	192.	c. Riedel's thyroiditis	**193.**	c. Subacute thyroiditis	**194.**	c. Thyroglobulins	**195.**	c. To overcome...

196. All are true abut Hashimoto's thyroiditis except: (Kerala 95)
a. Antithyroid microsomal antibodies
b. Antithyroid nuclear antibodies
c. Anti-TSH receptor antibodies
d. Increased level of thyroid hormones

197. The thyroiditis also known as "Painless Thyroiditis": (MAHE 2007)
a. Subacute lymphocytic thyroiditis
b. de-Quervain's thyroiditis
c. Hashimoto's thyroiditis
d. Riedel's thyroiditis

198. Anti-TPO antibodies are present in: (MCI Sept 2006)
a. Reidel's thyroiditis
b. Grave's disease
c. Hashimotos thyroiditis
d. de-Quervain's thyroiditis

199. A patient present with bilateral proptosis, heat intolerance and palpitations; most unlikely diagnosis here would be: (All India 2001, 2000)
a. Hashimoto's thyroiditis
b. Thyroid adenoma
c. Diffuse thyroid goiter
d. Reidel's thyroiditis

200. Scabard trachea is seen in: (Karnataka 99)
a. Thyroid cancer
b. Thyroiditis
c. Goitre
d. All of the above

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201. A new born with a goiter large enough to cause dyspnoea is best treated with: (AIIMS 2002, 2003)
a. Sulfonamides
b. Tracheostomy
c. T3
d. Iodides

Ref: Nelson 17/e p1881

202. Which of the following factors contribute to the development of duodenal ulcer: (PGI 2001)
a. I-131
b. I-125
c. Tc-99
d. P-32

203. In pregnancy: (APPG 2004)
a. Radioiodine contraindicated
b. Thiouracil is contraindicated
c. Surgery is contraindicated
d. None

204. Pendred's syndrome is due to a defect in: (ComedK 2007, 2008)
a. Chromosome 7p
b. Chromosome 7q
c. Chromosome 8p
d. Chromosome 8q

Ref: Harrison 18/e p252, 2913; Schwartz 9/e p1349

205. Reddish swelling in the region of foramen caecum: (DPG 2007)
a. Lingual thyroid
b. Lingual tonsil
c. Ranula
d. Thyroglossal cyst

Ref: Schwartz 9/e p1345

206. True about Struma Ovarii: (PGI June 2007)
a. Ectopic thyroid
b. Ectopic ovary
c. Malignancy
d. Benign lesion
e. Included in teratoma

Ref: Shaws Gynecology 14/e p336-337

207. Absent parathyroid, thymic aplasia with immunodeficiency and cardiac defects are features of:
a. Autoimmune polyglandular syndrome
b. Pendred syndrome (MHPGMCET 2009)
c. Di-George syndrome
d. Lesch-Nyhan syndrome

208. The occurence of hyperthyroidism following administration of supplemental iodine to subject with endemic iodine deficiency goitre is known as: (All India 2012)
a. Jod-Basedow effect
b. Wolff-Chaikoff effect
c. Thyrotoxicosis factitia
d. De-Quervains thyroiditis

Ref: Schwartz 9/e p1348; Sabiston 19/e p892; Harrison 17/e p2241

209. Which of the following most closely represents the lowest detection limit for third generation TSH assays: (All India 2012)
a. 0.4 mIU/L
b. 0.04 mIU/L
c. 0.004 mIU/L
d. 0.0004 mIU/L

Ref: The thyroid: a Fundamental and Clinical Text Lippincott Williams 2008/329-330

210. Recurrent laryngeal nerve is in close association with: (AIIMS Nov 2008)
a. Superior thyroid artery
b. Inferior thyroid artery
c. Middle thyroid vein
d. Superior thyroid vein

211. Normal thyroid weight varies …….. with dietary iodine content: (DPG 2009)
a. Directly proportional
b. Inversely
c. Inverse cubically
d. Not fixed

Ans.
196. b. Antithyroid... **197.** a. Subacute.... **198.** c. Hashimotos... **199.** d. Reidel's thyroiditis
200. d. All the above **201.** b. Tracheostomy **202.** a. I^{131} **203.** a. Radioiodine...
204. b. Chromosome 7q **205.** a. Lingual thyroid **206.** d. Benign...; e. Inclu... **207.** c. Di-George...
208. a. Jod-Basedow... **209.** b. 0.04 mIU/L **210.** b. Inferior thyroid artery **211.** b. Inversely

212. Average weight of thyroid gland where diet is rich in iodine is: (UPSC 2008)

a. 10-12 gm
b. 14-16 gm
c. 18-20 gm
d. 28-30 gm

213. Protein bound iodine measures secretary function of thyroid in all of the following circumstances except: (All India 2007)

a. Nephrotic syndrome
b. Following hemithyroidectomy
c. During ampicillin therapy
d. Asthamatics on ephedrine

214. Isthmus of thyroid gland overlies the: (DPG 2006)

a. 1st tracheal cartilage
b. 1st and 2nd tracheal cartilage
c. 2nd and 3rd and 4th tracheal cartilage
d. 3rd and 4th tracheal cartilage

Ref: Schwartz 9/e p1345; Sabiston 19/e p887; Gray's 39/e p560-564

Ans. 212. b. 14-16 gm **213.** a. Nephrotic syndrome **214.** c. 2nd and 3rd and 4th

C. PARATHYROID AND ADRENAL GLANDS

1. **Primary hyperparathyroidism is caused by:** (PGI June 2002)
   a. Parathyroid hyperplasia
   b. Adenosis
   c. MEN-1
   d. Thyrotoxicosis
   e. CRF

   Ref: Schwartz 9/e p1377-1380; Sabiston 19/e p928-932; Bailey 26/e p771-774, 25/e p800-804; Harrison 18/e p3100-3105

2. **Treatment for parathyroid hyperplasia is:** (UPSC 2001)
   a. Removal of all four glands
   b. Calcitonin
   c. Removal of 3½ glands
   d. Enlarged glands to be removed

   Ref: Harrison 18/e p3103-3105; Schwartz 9/e p1384; Sabiston 19/e p936

3. **Parathyroid adenoma most commonly involves which of the following site:** (AIIMS June 2002)
   a. Thyroid substance
   b. Superior parathyroid lobe
   c. Inferior parathyroid lobe
   d. In the mediastinum

   Ref: Harrison 18/e p3100

4. **Features to differentiate parathyroid adenoma from hyperplasia would include which of the following:**
   a. Presence of excess chief cells (AIIMS June 2002)
   b. High levels of parathormone
   c. Infiltration of capsule
   d. Identifying hyperplasia of all 4 glands at surgery in parathyroid hyperplasia

   Ref: Harrison 18/e p3104

5. **True about parathyroid carcinoma:**
   a. Parathyroid gland is palpable
   b. High calcium lebel
   c. Cinacalcet is used
   d. All of the above

   Ref: Schwartz 9/e p1385; Sabiston 19/e p941; Bailey 26/e p776, 25/e p804

6. **In case of parathyroid adenoma, treatment is:**
   a. Calcitonin and steroid (AIIMS Nov 2012)
   b. Removal of adenoma
   c. Total parathyroidectomy and implantation in arm
   d. Total parathyroidectomy

7. **Kamli Rani, 75-year-old woman present with post myocardial infarction after 6 weeks mild CHF. There was past H/O neck surgery for parathyroid adenoma 5 years ago, ECG shows slow atrial fibrillation. Serum Ca^{2+} 13.0 mg/L and urinary Ca^{2+} is 300 mg/24 hr. On examination there is small mass in the paratracheal position behind the right clavicle. Appropriate management at this time is:** (All India 2002)
   a. Repeat neck surgery
   b. Treatment with technetium-99
   c. Observation and repeat serum Ca2+ in two months
   d. Ultrasound-guided alcohol injection of the mass

   Ref: Harrison 18/e p3105

8. **Commonest cause for hyperparathyroidism is:** (All India 2001)
   a. Single adenoma
   b. Multiple adenomas
   c. Single gland hyperplasia
   d. Multiple gland Hyperplasia

9. **Most common cause of hypercalcemic crisis is:**
   a. Parathyroid adenoma (AIIMS 2009)
   b. Parathyroid hyperplasia
   c. Carcinoma breast
   d. Paget's disease

   Ref: Harrison 18/e p3106

10. **Hypoparathyroidism occurs as a result of:** (TN 2008)
    a. Idiopathic atrophy of parathyroids
    b. Following surgery
    c. Thyroiditis with secondary atrophy of parathyroids
    d. All of the above

    Ref: Schwartz 9/e p1372-1373; Sabiston 19/e p921; Bailey 26/e p776-777, 25/e p790-792

11. **Hypocalcemia in immediate post-op period following excision of parathyroid adenoma is due to:** (AIIMS 2007)
    a. Stress
    b. Increased uptake by bones
    c. Hypercalciuria
    d. Increased calcitonin

    Ref: Schwartz 8/e p1448

12. **In parathyroid crisis with sudden elevations of calcium over 16 mg/dl; the treatment consist of:** (AIIMS 2004, UPSC 2005)
    a. Intravenous vitamin D
    b. Parathyroidectomy for removal of adenoma
    c. Thyrocalcitonin
    d. Intravenous bicarbonate
    e. All of the above

    Ref: Harrison 18/e p3111

13. **Hyperparathyroidism is characterized by the following except:** (PGI 2001, AMU 2003)
    a. Generalized osteoporosis
    b. Renal calculi
    c. Hypercalcemia
    d. Osteosclerosis

Ans.
1. a., b., c.
2. c. Removal of 3½...
3. c. Inferior parathyroid...
4. d. Identifying hyperplasia...
5. d. All of the above
6. b. Removal of adenoma
7. d. Ultrasound-guided...
8. a. Single adenoma
9. c. Carcinoma breast
10. b. Following surgery
11. b. Increased uptake...
12. b. Parathyroidectomy...
13. d. Osteosclerosis

14. A patient has hypocalcaemia which was the result of a surgical complication. Which operation could it possibly have been: (JIPMER 2007, UPSC 2008)

a. Nephrectomy
b. Thyroidectomy
c. Gastrectomy
d. Vocal cord tumour biopsy

15. The symptoms of hyperparathyroidism include: (AIIMS 2000, PGI 2002)

a. Constipation and muscle weakness
b. Anorexia and weight loss
c. Polydipsia and polyuria
d. All of the above

16. A known patient with renal stone disease developed pathological features along with abdominal pain and certain psychiatric symptoms. He should be investigated for:

a. Polycystic kidney
b. Renal tubular acidosis
c. Hyperparathyroidism
d. Paget's disease of bone

17. Hypocalcemia is a feature of all of the following except: (UPSC 2000)

a. Chronic renal failure
b. Hypoparathyroidism
c. Pseudo hypoparathyroidism
d. Total thyroidectomy

Ref: Harrison 18/e p3113

18. Which of the following is true about secondary hyperparathyroidism:

a. Commonly occurs in CRF
b. Related to hyperphosphatemia
c. Patients are generally hypocalcemic
d. All of the above

Ref: Schwartz 9/e p1387-1388; Sabiston 19/e p938-939; Bailey 26/e p775-776, 25/e p804; Harrison 18/e p3109-3110

19. Which of the following is true about parathyroid:

a. Post parathyroid glands are within junction of inferior thyroid artery and RLN
b. Most common location of ectopic parthyroid glands is paraesophageal
c. Lower parathyroid is anterior to RLN
d. All of the above

Ref: Schwartz 9/e p1347, 1374, 1386; Sabiston 19/e p926; Bailey 26/e p742, 25/e p771-772, 803

20. A 20-years old male presents with chronic constipation, headache and habitus, neuromas of tongue, medullated corneal nerve fibers and nodule of 2X2 cm size in left lobe of thyroid. This patient is a case of: (All India 2004)

a. Sporadic medullary carcinoma of thyroid
b. Familial medullary carcinoma of thyroid
c. MEN-2A
d. MEN-2B

Ref: Schwartz 9/e p1377; Sabiston 19/e p995-1001; Bailey 26/e p795-797, 25/e p824-826; Harrison 18/e p3072, 3075

21. MEN-2A includes all except: (PGI June 2004)

a. Ganglioneuromas
b. Cutaneous lichen amyloidosis
c. Mutation in RET in chromosome 10
d. Adrenal adenoma

22. True about MEN-1: (PGI June 2004)

a. ↑ VMA in urine
b. ↑ Calcitonin
c. Hypergastrinemia
d. Hyperprolactinemia
e. Hypocalcemia

Ref: Schwartz 9/e p1377; Sabiston 19/e p995-1001; Bailey 26/e p795-797, 25/e p824-825; Harrison 18/e p3072

23. The most common organ involved in MEN-1 is: (ComedK 2010)

a. Parathyroid
b. Thyroid
c. Adrenal
d. Testis

Ref: Schwartz 9/e p1377; Sabiston 19/e p995-1001; Bailey 25/e p824-825; Harrison 18/e p3072

24. True about MEN-2A (Sipple syndrome): (PGI Dec 2006)

a. Pheochromocytoma
b. Hyperparathyroidism
c. Mucocutaneous neuromas
d. Medullary carcinoma of thyroid

25. Intestinal obstruction with jejunal neuromas are found in: (MHSSMCET 2006)

a. MEN-1
b. MEN-2A
c. MEN-2B
d. Familial intestinal polyposis

26. An infant is diagnosed with MEN-2B trait. Which of the following will be the best the line of management: (MHSSMCET 2007)

a. Prophylactic surgery
b. Clinical observation and follow up
c. Regular FNAC
d. All of the above

Ref: Schwartz 9/e p1368; Sabiston 19/e p913

27. Common feature to MEN1 and MEN2: (MHSSMCET 2010, 2006)

a. Hyperparathyroidism
b. Medullary carcinoma of thyroid
c. Pheochromocytoma
d. Carcinoids

28. Neuroblastomas: Good prognostic factor is: (PGI June 2000)

a. N-myc amplification
b. RAS oncogene
c. Hyperdiploidy
d. Translocations

Ref: Schwartz 9/e p1449-1450; Sabiston 19/e p1859-1861; Bailey 26/e p786, 25/e p814-815; Harrison 18/e p836; Ghai 7/e p590-591

Ans. **14.** b. Thyroidectomy **15.** d. All of the above **16.** c. Hyperparathyroidism **17.** d. Total thyroidectomy
18. d. All of the above **19.** d. All of the above **20.** d. MEN-2B **21.** a. Ganglioneuromas
22. a., c., d. **23.** a. Parathyroid... **24.** a., b., d. **25.** c. MEN-2B
26. a. Prophylactic... **27.** a. Hyperparathyroidism **28.** c. Hyperdiploidy

29. Opsoclonus-Myoclonus is a phenomenon seen in: (PGI 2000)

a. Wilm's tumor
b. Neuroblastoma
c. Meningioma
d. Cortical tuberculoma

Ref: Schwartz 9/e p1449-1450; Sabiston 19/e p1859-1861; Bailey 26/e p786, 25/e p814-815; Harrison 18/e p836; Ghai 7/e p590-591

30. Not seen in neuroblastoma is: (UPPG 2005)

a. Diarrhea
b. Proptosis
c. Splenomegaly
d. Bone involvement

31. True about neuroblastoma: (PGI Dec 2006)

a. Seen in adrenal glands
b. ↑ VMA/HVA
c. Lymphatic metastasis more common than blood metastasis
d. Presents with abdominal mass
e. Old age presentation implies good prognosis

32. Which of the following statements about neuro-blastoma is not true: (All India 2009)

a. Most common extra cranial solid tumor in childhood
b. >50% present with metastasis at time of diagnosis
c. Lung metastasis are common
d. Often encase aorta and its branches at time diagnosis

Ref: Nelson's 18/e p2138; Robbins 7/e p500, 501; Ghai 6th/573; Neuroblastoma by Pochedly 1990/154

33. Mrs. Neena noted an abdominal mass in left side of her 6 months old child, which showed calcification near the left kidney. What will be the cause: (AIIMS Nov 2000)

a. Leukemia
b. Neuroblastoma
c. RCC
d. Lymphoma

34. Tumor arising from olfactory nasal mucosa is: (All India 2012)

a. Nasal glioma
b. Adenoid cystic carcinoma
c. Nasopharyngeal carcinoma
d. Esthesio-neuroblastoma

Ref: Dhingra 5/e p217-218; Washington Manual of Surgical Pathology 2/e p45; Harrison 18/e p820

35. Which one of the following clinical features is not seen in pheochromocytoma: (ComedK 2011)

a. Hypertension
b. Episodic palpitations
c. Weight loss
d. Diarrhea

Ref: Schwartz 9/e p1399-1400; Sabiston 19/e p980-984; Bailey 26/e p784-785, 25/e p813-814; Harrison 18/e p2962-2967

36. Episodic hypertension is a feature of: (JIPMER 2010)

a. Carcinoid tumor
b. Insulinoma
c. Pheochromocytoma
d. Zollinger-Ellison syndrome

37. The investigation of choice for extra-adrenal pheochromocytoma: (PGI Dec 2007)

a. MIBG scan
b. MRI
c. CT
d. X-ray
e. USG

38. All are true about pheochromocytoma except: (All India 2011)

a. 90% are malignant
b. 95% occur in the abdomen
c. They secrete catecholamines
d. They arise from sympathetic ganglions

39. Investigation useful for detecting extra-adrenal pheochromocytoma: (PGI May 2011)

a. USG
b. CT
c. T2-weighted MRI with gadolinium contrast
d. MIBG

40. True about pheochromocytoma is: (MHPGMCET 2002)

a. Arises from chromaffin cells of adrenal medulla
b. Bilateral in 20% of all cases
c. Hypotension rules out pheochromocytoma
d. Almost always a malignant tumor

41. Pheochromocytoma with malignant potential exclusively secretes: (MHPGMCET 2008)

a. Dopamine
b. Epinephrine
c. Metanephrine
d. Norepinephrine

Ref: Schwartz 9/e p1400; Sabiston 19/e p984; Bailey 26/e p785, 25/e p815; Harrison 18/e p2964

42. False regarding pheochromocytoma: (MHSSMCET 2006)

a. 10% of nonfamilial adrenal pheochromocytomas are bilateral
b. Only 10% of hypertensive patients have an underlying pheochromocytoma
c. 10% of adrenal pheochromocytomas arise in childhood
d. FNAC is must for diagnosis

43. Commonest symptom of pheochromocytoma is: (UPSC 2004)

a. Palpitation
b. Headache
c. Sweating
d. Dyspnoea

44. In pheochromocytoma, the urine will contain: (UPPG 2002)

a. VMA
b. HIAA
c. Both
d. None

Ans.	**29.** b. Neuroblastoma	**30.** c. Splenomegaly	**31.** a., b., d..	**32.** c. Lung metastasis...
	33. b. Neuroblastoma	**34.** d. Esthesio-neuroblastoma	**35.** d. Diarrhea	**36.** c. Pheochromocytoma
	37. b. MRI	**38.** a. 90% are malignant	**39.** c. T2-weighted MRI...	**40.** a. Arises from chromaffin...
	41. a. Dopamine.	**42.** d. FNAC is must...	**43.** b. Headache	**44.** a. VMA

45. **False statement about pheochromocytoma:** (All India 2004)
a. 10% are bilateral
b. Arises from chromaffin cells
c. Extra adrenal tumor - increased nor adrenaline levels
d. Increased VMA levels in urine

46. **Radionuclide used in pheochromocytoma is:**
a. Radioactive iodine I-131 (COMEDK 2005)
b. Technitium pertechnate
c. Radiolabelled chromium
d. I-123 Metaiodobenzylguanidine (MIBG)

47. **The most common site of ectopic pheochromocytoma is:**
a. Organ of Zuckerkandl (COMEDK 2008)
b. Bladder
c. Filum terminale
d. Celiac plexus

48. **A patient presented with headache and flushing. He has a family history of his relative having died of a thyroid tumour. The investigation that would be required for this patient would be:** (AIIMS June 2003)
a. Chest X-ray
b. Measurement of 5 HIAA
c. Measurement of catecholamine
d. Intravenous pyelography

49. **Investigation of choice in case of a patient with episodic hypertension, headache and thyroid nodule:** (AIIMS Nov 2001)
a. Urinary HIAA
b. Urinary catecholamine and aspiration of nodule
c. Thyroid function test only
d. Urinary basic amino acid metabolite

50. **During bilateral adrenalectomy, intraoperative dose of hydrocortisone should be given after:** (AIIMS Nov 2004)
a. Opening the abdomen
b. Ligation of left adrenal vein
c. Ligation of right adrenal vein
d. Excision of both adrenal glands

Ref: Schwartz 7/e p1639

51. **A 35-year-old woman has had recurrent episodes of headache and sweating. Her mother had renal calculi and died of thyroid cancer. Physical observations revealed a thyroid nodule and ipsilateral enlarged cervical lymph nodes. Before performing thyroid surgery the woman's physician should order:** (All India 2002)
a. Thyroid scan
b. Estimation of hydroxyl indole acetic acid in urine
c. Estimation of urinary metanephrines, VMA and catecholamines
d. Estimation of TSH, and TRH levels in serum

52. **Young female presents with hypertension with VMA >14 mg/day, associated with:** (PGI Dec 2002)
a. Medullary carcinoma thyroid
b. Von-Hippel Lindau disease
c. Sturge-Weber syndrome
d. Grave's disease
e. Neurofibromatosis

Ref: Schwartz 9/e p1399-1400; Sabiston 19/e p980-984; Bailey 26/e p784-785, 25/e p813-814

53. **Palpation on the costovertebral angle produces pain and tenderness in acute adrenal insufficiency. This is:** (AIIMS 2001, 2002)
a. Rotch's sign
b. Rossolimo's sign
c. Rogoff's sign
d. Osler's sign

54. **Commonest cause of Cushing syndrome is:** (Kerala 2006)
a. Adrenal adenoma
b. Carcinoma
c. Hyperplasia
d. Atrophy

Ref: Harrison 18/e p2897

55. **Most common cause of Addison's disease in India:** (AIIMS Nov 2011)
a. Tuberculosis
b. Post-partum
c. Autoimmune
d. HIV

Ref: ASI 7/e p1073

56. **Indication for surgery in a case of adrenal incidentaloma:** (MAHE 2008, 2007)
a. Size >5 cm
b. Bilateral adrenal metastasis
c. Functional tumor
d. All of the above

Ref: Schwartz 9/e p1400-1402; Sabiston 19/e p985-986; Bailey 26/e p779-780, 25/e p808-809; Harrison 18/e p2951-2952

57. **Incidental finding in CT scan, a 3 cm adrenal mass, which of the following is not done:** (UPPG 2008)
a. Adrenalectomy
b. Dexamethasone suppression test
c. Measurement of catecholamines
d. Midnight plasma cortisol

58. **Accidental finding of incidentaloma (Adrenal mass) on USG is detected. Following is/are to be ruled out:** (PGI Dec 2006)
a. Cushing's disease
b. Metastasis
c. Adrenal adenoma
d. Carcinoma
e. Adrenal hyperplasia

Ref: CSDT 11th/811-812; Bailey 25/e p808; Schwartz 9/e p1400-1402; Sabiston 19/e p985-986; Harrison 18/e p2952

Ans.
45. None
46. d. I-123 Metaiodoben...
47. a. Organ of Zuckerkandl
48. c. Measurement...
49. b. Urinary catecho...
50. d. Excision of both...
51. c. Estimation of urinary...
52. a., b., c., e.
53. c. Rogoff's sign...
54. c. Hyperplasia
55. a. Tuberculosis
56. d. All of the above
57. a. Adrenalectomy
58. All

59. True about adrenocortical carcinoma:

a. Rare tumor
b. More than half are functional
c. Most commonly associated with Cushing syndrome
d. All of the above

Ref: Schwartz 9/e p1397; Sabiston 19/e p979; Bailey 26/e p782-783, 25/e p811-812; Harrison 18/e p2953

60. A 50-year-old male presents with severe refractory hypertension, weakness, muscle cramps and hypokalemia, the most likely diagnosis is: (ComedK 2011)

a. Hypoaldosteronism
b. Hyperaldosteronism
c. Cushing syndrome
d. Pheochromocytoma

Ref: Harrison 18/e p2950

61. Which one of the following is not a CT feature of adrenal adenoma: (AIIMS Nov 2010)

a. Low attenuation
b. Homogeneous density and well defined borders
c. Enhances rapidly, contrast stays in it for relatively longer time and washes out late
d. Calcification is rare

Ref: Grainger Radiology 4/e p1388; Dahnert Wolfgang Radiology Review Manual 6/e p919

62. After bilateral adrenalectomy, patient developed gradual loss of vision, with hyperpigmentation of skin, and headache. Likely cause is: (MHSSMCET 2006)

a. Addison's disease
b. Nelson syndrome
c. Cushing's disease
d. Hypopituitarism

Ref: Harrison 18/e p2899

63. Nonfunctional adrenal tumors are operated at what size: (MHSSMCET 2009)

a. >3cm
b. >5cm
c. >6cm
d. >10cm

64. In renal agenesis, the adrenal gland is: (MHSSMCET 2006)

a. Absent
b. Present on contralateral side
c. Ectopic in the iliac fossa
d. Present at the usual location

Ref: Grainger Radiology 4/e p1722

Ans. **59.** d. All of the above **60.** b. Hyperaldosteronism **61.** c. Enhances rapidly.... **62.** b. Nelson's syndrome
63. b. >5cm **64.** d. Present at the usual...

2. HEPATOBILIARY PANCREATIC SURGERY

A. Liver
B. Portal Hypertension
C. Gall Bladder
D. Bile Duct
E. Pancreas

HEPATOBILIARY PANCREATIC SURGERY (QUESTIONS)

A. LIVER

1. Liver biopsy is done through 8th ICS midaxillary line to avoid: (All India 2000)
- a. Lung
- b. Pleural cavity
- c. Subdiaphragmatic space
- d. Gall bladder

Ref: Shackelford 7/e p1491-1492

2. "Crumbled-egg appearance" in liver is seen in:
- a. Hepatic adenoma
- b. Chronic amoebic liver abscess
- c. Hydatid liver disease
- d. Hemangioma

3. Honey-comb liver is seen in: (JIPMER 2001)
- a. Micronodular cirrhosis
- b. Dubin Johnson's syndrome
- c. Actinomycosis
- d. Hydatidosis

Ref: Harrison 18/e p1328

4. Primary sinusoidal dilatation of liver is also known as: (COMEDK 2010)
- a. Hepar lobatum
- b. Peliosis hepatic
- c. Von-Meyerburg complex
- d. Caroli's disease

Ref: Shackelford 7/e p1556-1557

5. Obstruction of IVC leads to: (Punjab 2008)
- a. Dilatation of thoracoepigastric veins
- b. Caput medusae
- c. Hemorrhoids
- d. Esophageal varices

6. Middle aged man presents with complaints of weakness, fatigue and hyperpigmentation. On examination hepatomegaly and hypoglycemia are present. Diagnosis:
- a. Addison's disease (JIPMER 2011)
- b. Hemochromatosis
- c. IDDM
- d. Cushing's syndrome *Ref: Harrison 18/e p3164*

7. A 20-year-old male presents with extrapyramidal symptoms and liver damage. Diagnosis:
- a. Wilson's disease
- b. Huntington's disease
- c. Parkinson's disease
- d. Hemochromatosis

Ref: Harrison 18/e p3188

8. Risk factor for angiosarcoma of liver: (MHSSMCET 2008)
- a. OCPs
- b. Phenacetin
- c. Vinyl chloride
- d. All of the above

9. Focal lesion of liver is best detected by: (AIIMS GIS 2003)
- a. MRI
- b. CT
- c. USG
- d. PET scan

Ref: Shackelford 7/e p1560, 1571

10. Contraindications to major hepatic resection for metastatic disease includes all of the following except:
- a. Total hepatic involvement

(ComedK 2006, Karnataka 2006)
- b. Advanced cirrhosis
- c. Extrahepatic tumour involvement
- d. Jaundice from extrinsic ductal obstruction

Ref: Sabiston 19/e p1465-1467; Blumgart 5/e p1462;

11. The minimum amount of normal perfused liver parenchyma to be left intact when a hepatic resection is planned is:
- a. 10% (ComedK 2008, 2007)
- b. 20%
- c. 50%
- d. 75%

Ref: Blumgart 5/e p1462; Shackelford 7/e p1494

12. Regarding hepatic artery ligation which statement is false: (Karnataka 2002)
- a. The best results are obtained in case of hemobilia
- b. Not useful in primary hepatoma
- c. Can cure secondary carcinoma
- d. Must be covered by massive antibiotic administration

Ref: Sabiston 19/e p1465-1467; Blumgart 5/e p1344

13. Vascular inflow occlusion of the liver is by: (DNB 2012)
- a. Clamping the hepatic artery
- b. Occluding the portal vein
- c. Clamping the hepatic veins
- d. The Pringle maneuver

Ref: Sabiston 19/e p1465-1467; Blumgart 5/e p1547; Shackelford 7/e p1450-1451

14. Left trisegmentectomy involves removal of:
- a. Segment II III IV V VIII (GB PANT 2010)
- b. Segment II III IV
- c. Segment IV V VI VII VIII
- d. Segment V VI VII VIII

Ref: Blumgart 5/e p1512-1513; Shackelford 7/e p1501-1503

Ans.
1. a. Lung
2. c. Hydatid liver disease
3. c. Actinomycosis
4. b. Peliosis hepatis
5. a. Dilatation...
6. b. Hemochromatosis
7. a. Wilson's disease
8. c. Vinyl chloride
9. a. MRI
10. d. Jaundice from extrinsic...
11. b. 20%
12. b. Not..., c. Can cure...
13. d. The Pringle....
14. a. Segment II III IV V VIII

15. A patient has a surgical cause of obstructive jaundice. USG can tell all of the following except: (AIIMS Nov 2012)
a. Biliary tree obstruction
b. Peritoneal deposits
c. Gall bladder stones
d. Ascites

Ref: Sabiston 19/e p1481; Schwartz 9/e p1140; Bailey 25/e p1113-1114; Blumgart 5/e p223; Schackelford 7/e p1303

16. Which is wrong about Crigler-Najjar syndrome Type-I: (Orissa 2011)
a. Very high level of unconjugated bilirubin occurs in neonatal period
b. Kernicterus is usual
c. It responds well to phenobarbitone
d. Hepatic histology is normal

Ref: Harrison 18/e p2534

17. Conjugated hyperbilirubinemia is seen in: (ComedK 2011)
a. Dubin-Johnson syndrome
b. Criggler-Najjar syndrome
c. Criggler-Najjar syndrome- II
d. Gilbert syndrome

Ref: Harrison 17/e p1927

18. Most common surgical cause of obstructive Jaundice: (Punjab 2007)
a. Periampullary carcinoma
b. Carcinoma gall bladder
c. Carcinoma head of pancreas
d. CBD Stones

19. True about Criggler-Najjar syndrome II: (PGI Nov 2011)
a. Autosomal dominant
b. Kernicterus is frequently present
c. Child may alive to adolescence
d. Cause unconjugated hyperbilirubinemia
e. Phenobarbitone therapy is ineffective

20. True about obstructive jaundice: (PGI May 2011)
a. Unconjugated bilirubin
b. Positive indirect Vanden Bergh test
c. Pruritus
d. Pale stools
e. Icterus

Ref: Harrison 18/e p2530

21. In non hemolytic jaundice, urobilinogen is seen in: (PGI 2000)
a. Obstructive jaundice
b. Hepatic fibrosis
c. Fatty liver
d. Infective hepatitis

22. Best test to differentiate between medical and surgical jaundice is:
a. Alkaline phosphatase
b. Bilirubin and serum enzymes
c. Enzymes
d. Ultrasound

23. Courvoisier's law is related to: (AIIMS 2000, AMC 2001, 2002)
a. Jaundice
b. Ureteric calculi
c. Portal hypertension
d. The length of skin flap in skin grafting

Ref: Bailey 26/e p1108, 25/e p1149

24. Which is not elevated in a child presenting with jaundice, icterus, pruritus and clay colored stools: (AIIMS Nov 2011, Nov 2006)
a. Gamma glutamyl transpeptidase
b. Alkaline phosphatase
c. 5'-nucleotidase
d. Glutamate dehydrogenase

Ref: Harrison 18/e p2529

25. Conjugated hyperbilirubinemia is seen in: (MCI Sept 2005)
a. Dubin Johnson syndrome
b. Gilbert's syndrome
c. Criggler Najjar type I
d. Criggler Najjar type II

Ref: Harrison 18/e p2535

26. One is not the feature of obstructive jaundice: (AIIMS Nov 2002)
a. Pruritus
b. Elevated level of serum bilirubin
c. Raised alkaline phosphatase
d. Raised urinary urobilinogen

27. Vitamin to be corrected in obstructive jaundice: (DNB 2009)
a. Vitamin K
b. Vitamin C
c. Vitamin D
d. Vitamine B12

28. Left posterior sector of liver consists of: (JIPMER GIS 2011)
a. Segment II and III
b. Segment II, III and IV
c. Segment II only
d. Segment I only

Ref: Sabiston 19/e p1413-1417; Schwartz 9/e p1095; Bailey 26/e p1065-1067, 25/e p1080-1082; Blumgart 5/e p31-37; Shackelford 7/e p1426-1430

29. All of the following are true about caudate lobe except: (AIIMS GIS Dec 2010)
a. Blood supply from both right and left hepatic artery
b. Ductal drainage from both right and left duct
c. Venous drainage is mainly by left and middle hepatic vein
d. Supply by both branches of portal vein

Ref: Sabiston 19/e p1413-1419; Schwartz 9/e p1095; Bailey 26/e p1066-1067, 25/e p1081-1082; Blumgart 5/e p36; Shackelford 7/e p1431

Ans.
15. b. Peritoneal deposits
16. c. It responds well...
17. a. Dubin-Johnson...
18. d. CBD Stones...
19. a., c., d.
20. c., d., e..
21. d. Infective hepatitis
22. d. Ultrasound
23. a. Jaundice
24. d. Glutamate dehy...
25. a. Dubin-Johnson...
26. d. Raised Urinary urobilinogen
27. a. Vitamin K.
28. c. Segment II only.
29. c. Venous drainage...

30. Left medial sector contains segment: (GB Pant 2010)

a. III, IV
b. II, III
c. I, II
d. I, IV

31. The caudate lobe of liver corresponds to with segment of Couinaud's classification: (PGI Dec 2006)

a. Segment I
b. Segment II
c. Segment III
d. Segment IV
e. Segment V

32. Portal triad is not formed by: (Punjab 2008)

a. Hepatic artery
b. Portal Vein
c. Bile duct
d. Hepatic vein

33. Function of hepatic Kupffer cells is: (ComedK 2004)

a. Formation of sinusoids
b. Vitamin A storage
c. Increase blood perfusion
d. Phagocytosis

Ref: Sabiston 19/e p1423; Schwartz 9/e p1110

34. Which of the following is false about portal vein: (JIPMER 2011)

a. Formed behind the neck of pancreas
b. Bile duct lies anterior and right to it
c. Gastro duodenal artery lies to the left and anterior to it
d. Ascends behind the 2nd part of duodenum

Ref: BDC 4th/vol-II/55-57

35. Surgeon excises a portion of liver to the left of the attachment of the falciform ligament. The segments that have been resected are: (All India 2011, 2008)

a. Segment 1a and 4
b. Segment 1 and 4b
c. Segment 2 and 3
d. Segment 1 and 3

Ref: Sabiston 19/e p1413; Schwartz 9/e p1094; Bailey 26/e p1065, 25/e p1080

36. False about hepatic duct: (AIIMS May 2011, 2009)

a. Left hepatic duct formed in umbilical fissure
b. Caudate lobe drains only left hepatic duct
c. Right hepatic duct formed by V and VIII segments
d. Left hepatic duct crosses IV segment

Ref: Blumgart 5/e p36

37. Surgical lobes of liver are divided on the basis of: (PGI June 2002)

a. Hepatic artery
b. Hepatic vein
c. Bile ducts
d. Portal vein
e. Central veins

38. In Couinaud's classification, segment IV of liver is: (AIIMS Nov 2007)

a. Caudate lobe
b. Quadrate lobe
c. Right lobe
d. Left lobe

39. Line of surgical division of the lobes of the liver is:

a. Falciform ligament to the diaphragm (AIIMS 2005, 2006)
b. Gallbladder bed to IVC
c. Gallbladder bed to the left crus of diaphragm
d. One inch to the left of falciform ligament to the IVC

40. What percentage of the blood flow to the liver is supplied by the hepatic artery: (UPSC 86, JIPMER 2004)

a. 90%
b. 20%
c. 40%
d. 60%

41. With Couinaud's nomenclature, which one of the following segments of liver has an independent vascularization:

a. Segment I
b. Segment II (UPSC 2002)
c. Segment IV
d. Segment VIII

42. The Couinaud's segmental nomenclature is based on the position of the: (All India 2004)

a. Hepatic veins and portal vein
b. Hepatic veins and biliary ducts
c. Portal vein and biliary ducts
d. Portal vein and hepatic artery

43. Quadrate lobe of liver is present between: (DPG 2003)

a. Groove for ligamentum teres and gall bladder
b. Inferior vena cava and fissure for ligamentum venosum
c. Groove for inferior vena cava and fissure for ligamentum venosum
d. Porta hepatis and falciform ligament

44. Boundary of Morrison's pouch is formed by: (DPG 2008)

a. Kidney
b. Falciform ligament of liver
c. Spleen
d. Pancreas

Ref: BDC 4th/vol-II/234

45. The right lobe of liver consists of which of the following segments: (AIIMS 2004)

a. V, VI, VII and VIII
b. IV, V, Vi, VII and VIII
c. I, V, VI, VII and VIII
d. I, IV, V, VI, VII and VIII

Ans.	**30.** a. III, IV	**31.** a. Segment I	**32.** d. Hepatic vein	**33.** d. Phagocytosis
	34. d. Ascends behind...	**35.** c. Segment 2 and 3.	**36.** b. Caudate lobe drains...	**37.** b. Hepatic vein, d. Portal vein
	38. b. Quadrate lobe	**39.** b. Gall bladder bed to IVC	**40.** b. 20%	**41.** a. Segment I
	42. a. Hepatic veins...	**43.** a. Groove for ligamentum...	**44.** a. Kidney	**45.** a. V, VI, VII and VIII\

46. Liver is divided in 2 halves by all except: (AIIMS 2004)
a. Right hepatic vein
b. Portal vein
c. Hepatic artery
d. Common bile duct

47. Which of the following is not a capsular plate: (AIIMS Nov 2011)
a. Portal plate
b. Hilar plate
c. Umbilical plate
d. Cystic plate

Ref: Sabiston 19/e p1416; Bailey 26/e p1065, 25/e p1080; Blumgart 5/e p41; Shackelford 7/e p1430

48. Right hepatic duct drains all, except: (AIIMS May 2009)
a. Segment I
b. Segment III
c. Segment V
d. Segment VI

49. Number of lobes in liver as per Couinaud's classification: (MCI March 2005)
a. 3
b. 4
c. 6
d. 8

50. Following resection of 2/3rd of the liver, regeneration is complete within: (BHU 2004)
a. 2-3 months
b. 8-10 weeks
c. 4-6 months
d. 4-5 weeks

51. A 17-year-old boy is admitted to the hospital after a road traffic accident. Per abdomen examination is normal. After adequate resuscitation, his pulse rate is 80/min and BP is 110/70 mmHg. Abdominal CT reveals 1 cm deep laceration in the left lobe of the liver extending from the done more than half way through the parenchyma. Appropriate management at this time would be: (DPG 2011, UPSC 2005)
a. Conservative treatment
b. Abdominal exploration and packing of hepatic wounds
c. Abdominal exploration and ligation of left hepatic artery
d. Left hepatectomy

Ref: Sabiston 19/e p459-461; Schwartz 9/e p175; Bailey 26/e p1072-1074, 25/e p1086-1088; Blumgart 5/e p1806-1814; Shackelford 7/e p1479-1487

52. Tumor marker of HCC: (AIIMS GIS 2003)
a. AFP
b. Alpha fucosidases
c. DCGP
d. Carbohydrate antigen

Ref: Sabiston 19/e p1453-1459; Schwartz 9/e p1121; Bailey 26/e p1085-1086, 25/e p1099-1100; Blumgart 5/e p1283-1289; Shackelford 7/e p1567-1576

53. In high risk population, HCC is best detected by: (AIIMS GIS 2003)
a. USG
b. CT
c. MRI
d. PET scan

54. All are true about AFP except: (AIIMS GIS 2003)
a. Not return to normal after hepatic resection
b. Levels >400 ng/mL with typical radiological findings is diagnostic of HCC
c. Can be raised in other benign conditions
d. Fibrolamellar HCC has normal levels

55. AFP is elevated in: (PGI May 2011)
a. HCC
b. Hepatoblastoma
c. Infant hemangioendothelioma
d. Amoebic liver abscess
e. Embryonic sarcoma

56. Okuda staging contains all except: (ILBS 2012)
a. Bilirubin
b. Tumor size
c. Ascites
d. AFP

Ref: Sabiston 19/e p1455-1456; Blumgart 5/e p1286-1287; Shackelford 7/e p1567-1576

57. Okuda staging for HCC includes all except: (JIPMER GIS 2011)
a. Ascites
b. Albumin
c. PT
d. Tumor involvement

58. In HCC: (AIIMS GIS 2003)
a. Arterial bruit is present in 80% cases
b. Two third patients present with signs of liver disease
c. Hemoperitoneum in 7% patients
d. Percutaneous biopsy is mandatory for diagnosis

59. Most common paraneoplastic syndrome of HCC: (AIIMS GIS 2003)
a. Hypoglycemia
b. Hypertension
c. Hypercalcemia
d. Erythrocytosis

Ref: Sabiston 19/e p1454

60. Oncological outcome in HCC is described by all except: (AIIMS GIS Dec 2010)
a. MELD
b. BCLC
c. CLIP
d. OKUDA

Ans.
46. a. Right hepatic vein
47. a. Portal plate
48. b. Segment III
49. d. 8
50. c. 4-6 months
51. a. Conservative treatment
52. a. AFP
53. a. USG
54. a. Not return to....
55. a. HCC, b. Hepato...
56. d. AFP
57. c. PT
58. c. Hemoperitoneum...
59. a. Hypoglycemia
60. a. MELD

61. The following are true about HCC except: (AIIMS Nov 2003)

a. It has a high incidence in East Africa and South East Asia
b. Its worldwide incidence parallels the prevalence of hepatitis B
c. Over 80% of tumors are surgically resectable
d. Liver transplantation offers the only chance of cure in those with unresectable disease

62. The most unlikely clinical feature of hepatocellular carcinoma is: (All India 2004)

a. Hepatomegaly
b. Raised AFP levels
c. Raised alkaline phosphatase
d. Jaundice

63. True about carcinoma liver: (PGI Dec 2000)

a. AFP increased in 70% cases
b. Resection possible in few cases only
c. USG guided biopsy is good for diagnosis
d. Aflatoxin and thorotrast are not risk factor

64. True about hepatocellular carcinoma: (PGI Dec 2002)

a. Most common tumor of liver
b. Resectable only in 1% cases
c. AFP increased in 70% cases
d. USG guided aspiration biopsy is used for diagnosis

65. Spontaneous rupture of the liver occurs in: (BHU 2001)

a. Hepatoma
b. Portal hypertension
c. Spherocytosis
d. Secondary deposits

66. Tumour marker of hepatocelluar carcinoma: (PGI June 2003)

a. AFP
b. CEA
c. HCG
d. CA 19-9
e. CA-125

67. Tumor marker for primary hepatocellular carcinoma are all except: (AIIMS May 2007)

a. Alpha-feto protein
b. Alpha-2 macroglobulin
c. PIVKA-2
d. Neurotensin

68. True about hepatocellular carcinoma: (PGI June 2004)

a. Most prevalent malignancy
b. Commonest liver tumor
c. HBV predisposes
d. Patient present in early stage
e. Prognosis good

69. All of the following are modalities of therapy for hepatocellular carcinoma except: (AIIMS Nov 2005)

a. Radiofrequency ablation
b. Transarterial catheter embolization
c. Percutaneous acetic acid
d. Nd-YAG laser ablation

Ref: Sabiston 19/e p1456-1459; Schwartz 9/e p1121; Bailey 25/e p1099-1100; Blumgart 5/e p1287-1288; Shackelford 7/e p1571-1577

70. Which of the following liver tumour has a propensity to invade the portal or hepatic vein: (AIIMS June 2004)

a. Cavernous hemangioma
b. Hepatocellular carcinoma
c. Focal nodular hyperplasia
d. Hepatic adenoma

Ref: Sabiston 19/e p1456; Schwartz 9/e p1121; Blumgart 5/e p1344; Shackelford 7/e p1573-1574

71. Ramu, 40-year-old male, chronic alcoholic, diagnosed as cirrhosis, presents with a lump in the right lobe of liver. Serum AFP level is normal. Most probable diagnosis is: (AIIMS June 2001)

a. Fibrohyperplasia
b. Hepatocellular carcinoma
c. Secondaries
d. Hepatocellular adenoma

72. Liver malignancies can be studied by: (PGI 2000)

a. Radionuclide study
b. Ultrasound
c. CT
d. Laparoscope
e. All

73. Least common presentation of HCC: (AIIMS GIS 2003)

a. PUO
b. Mass
c. Jaundice
d. Weakness

Ref: Sabiston 19/e p1454; Schwartz 9/e p1121

74. Hypercalcemia is seen in: (AIIMS GIS May 2011)

a. Pancreatic cancer
b. HCC
c. CA stomach
d. CA GB

75. All are tumor markers of HCC except: (PGI SS Dec 2010)

a. Neurotensin
b. AFP
c. CA 19-9
d. PIVKA-2

76. New drug in HCC: (GB Pant 2010)

a. Sorafenib
b. Bevacizumab
c. Sunitinib
d. Cetuximab

Ref: Sabiston 19/e p1458; Blumgart 5/e p1289; Shackelford 7/e p1568

Ans.	**61.**	c. Over 80% of tum...	**62.**	d. Jaundice	**63.**	a. AFP..., b. Resection...	**64.** c. AFP is increased...
	65.	a. Hepatoma	**66.**	a. AFP	**67.**	b. Alpha-2 macroglobulin	**68.** c. HBV predisposes.
	69.	d. Nd-YAG laser....	**70.**	b. Hepatocellular...	**71.**	b. Hepatocellular...	**72.** e. All....
	73.	a. PUO.	**74.**	b. HCC	**75.**	c. CA 19-9	**76.** a. Sorafenib

77. All are true about hemangioendothelioma except: (ILBS 2012)
a. Adult variant is benign
b. More common in females
c. Multiple and involve bilateral lobe
d. An indication for liver transplant

Ref: Sabiston 19/e p1459; Blumgart 5/e p1246

78. All of the following are true regarding epitheloid hemangioendothelioma except: (AIIMS GIS Dec 2010)
a. Most common in males
b. Liver transplantation is treatment of choice
c. Associated with vinyl chloride
d. Factor VIII staining is used for diagnosis

79. All are true about hepatoblastoma except: (AIIMS GIS May 2008, Dec 2006)
a. Associated with FAP
b. Most cases <3 years
c. Prognosis is very poor with pulmonary metastasis
d. Treatment is chemotherapy followed by surgical resection

Ref: Sabiston 19/e p1459; Schwartz 9/e p1450-1451; Blumgart 5/e p1328-1334; Shackelford 7/e p2037-2038

80. All are true about hepatoblastoma except: (PGI SS June 2005)
a. Present in childhood
b. Common in cirrhosis of liver due to HBV
c. Chemosensitive
d. Surgical resection is treatment of choice

81. AFP is raised in: (KGMC 2011)
a. 100% of hepatoblastoma
b. 90% of hepatoblastoma
c. 100% of HCC
d. 90% of HCC

82. All are true about fibrolamellar HCC except: (AIIMS GIS Dec 2009)
a. AFP is not raised
b. Recurrence is common
c. Raised neurotensin levels
d. Well demarcated and encapsulated

Ref: Sabiston 19/e p1458; Blumgart 5/e p1227-1228

83. True statement about fibrolamellar carcinoma: (GB Pant 2010)
a. Young adults, children
b. More in males
c. Related to OCP use
d. Bad prognosis

84. All are true about fibrolamellar HCC except: (AIIMS GIS 2003)
a. Associated with cirrhosis
b. Recurrences are seen despite of better prognosis
c. Increased neurotensin and vitamin B12 binding factor
d. Lymph node metastasis is seen

Ref: Sabiston 19/e p1458

85. All of the following are true about fibrolamellar carcinoma of the liver except: (All India 2001)
a. More common in females
b. Better prognosis than HCC
c. AFP levels always >1000 pg/ml
d. Occur in younger individuals

86. All of the following modalities can be used for in situ ablation of liver secondaries, except: (All India 2006)
a. Ultrasonic waves
b. Cryotherapy
c. Alcohol
d. Radiofrequency

Ref: Sabiston 19/e p1459-1464; Schwartz 9/e p1123; Bailey 26/e p1084-1085, 25/e p1098-1099; Blumgart 5/e p1290-1305; Shackelford 7/e p1585-1591

87. Multiple liver secondaries are most common in the following cancers: (AIIMS 2005)
a. Head of pancreas
b. Stomach
c. Gallbladder
d. Periampullary

88. All are considered to be poor prognostic factors in liver metastasis except: (JIPMER GIS 2011)
a. Synchronous lesions
b. Metachronous lesions
c. Extra-hepatic metastasis
d. CEA >200 ng/ml

Ref: Sabiston 19/e p1459-1464; Schwartz 9/e p1123; Bailey 26/e p1084-1085, 25/e p1098-1099; Blumgart 5/e p1290-1305; Shackelford 7/e p1585-1589

89. Calcific hepatic metastases are seen in: (ComedK 2009)
a. Adenocarcinoma of the colon
b. Carcinoid tumours
c. Renal cell carcinoma
d. Lymphoma

90. Which of the following liver metastasis appear hypoechoic on ultrasound: (All India 2012)
a. Breast cancer
b. Colon cancer
c. RCC
d. Mucinous adenocarcinoma

Ref: Focal Liver Lesions Springer 2006/266

91. Most common indication for liver transplantation in children is: (JIPMER GIS 2011)
a. Biliary atresia
b. Indian childhood cirrhosis
c. HCC
d. Hepatitis C infection

Ref: Sabiston 19/e p655-657; Schwartz 9/e p295; Bailey 26/e p1427-1429, 25/e p1426-1427; Blumgart 5/e p1662-1663; Shackelford 7/e p1519-1520

92. Place of first liver transplant: (ILBS 2011)
a. Pittsburgh
b. Boston
c. Colarado
d. Cambridge

Ref: Sabiston 19/e p655-664; Schwartz 9/e p295; Bailey 26/e p1427, 25/e p1408; Blumgart 5/e p1662; Shackelford 7/e p1519

Ans.	**77.** a. Adult variant...	**78.** a. Most common...	**79.** c. Prognosis is very...	**80.** b. Common in cirrhosis...
	81. b. 90% of hepato....	**82.** d. Well demarcated...	**83.** a. Young adults...	**84.** a. Associated...
	85. c. AFP level always...	**86.** a. Ultrasonic waves...	**87.** c. Gallbladder	**88.** b. Metachronous...
	89. a. Adenocarcinoma...	**90.** a. Breast cancer...	**91.** a. Biliary atresia	**92.** c. Colorado

93. Indications of liver transplantation are all, except: (PGI June 2005)
- a. Biliary atresia
- b. Sclerosing cholangitis
- c. Hepatitis A
- d. Cirrhosis
- e. Fulminant hepatic failure

Ref: Harrison 18/e p2607-2608

94. Auxiliary orthotopic liver transplant is indicated for: (AIIMS May 2008)
- a. Metabolic liver disease
- b. As a standby procedure until finding a suitable donor
- c. Drug induced hepatic failure
- d. Acute fulminant liver failure for any cause

Ref: Blumgart 5/e p1689-1693

95. In orthotropic liver transplantation, which is the best way to get bile drainage in donor liver:
- a. Donor bile duct with recipient bile duct or Roux-en-Y choledochojejunostomy
- b. Donor bile duct with duodenum of recipien
- c. Donor bile duct with jejunum of recipient
- d. External drainage for few days followed by choledochojejunostomy

Ref: Blumgart 5/e p1727-1728

96. Reduced liver transplants: (GB Pant 2011)
- a. Given to two recipients after dividing into two parts
- b. Left lateral lobe divided and given to child
- c. Left lateral segment divided from segment 2 and given to child
- d. Part of liver segment transplanted into recipient depending upon requirement

97. False in cystadenoma: (ILBS 2012)
- a. More common in females due to OCP use
- b. Cystadenocarcinoma presents as hemorrhagic fluid
- c. Internal septations are better delineated by USG than CT
- d. Most patients are symptomatic

Ref: Sabiston 19/e p1464; Schwartz 9/e p1119; Blumgart 5/e p1268-1276; Shackelford 7/e p1459

98. True about biliary cystic adenocarcinoma: (PGI Nov 2009)
- a. CT scan is used for diagnosis
- b. CA 19-9 is elevated
- c. Intrahepatic location
- d. Extrahepatic location
- e. Common in males

Ref: Sabiston 19/e p1464; Blumgart 5/e p1277-1280; Shackelford 7/e p1459

99. All are true about hepatic cystadenoma except: (AIIMS GIS Dec 2006)
- a. Age >40 years and asymptomatic
- b. Malignant predisposition
- c. Surgical resection is required
- d. Large projection with thickened wall is suggestive of malignancy

100. False about hepatic adenoma: (ILBS 2012)
- a. Chances of malignancy in 10% cases
- b. Rupture in 20% cases
- c. Hepatic architecture is maintained
- d. Most patients are symptomatic

Ref: Sabiston 19/e p1451; Schwartz 9/e p1120; Bailey 26/e p1083, 25/e p1097; Blumgart 5/e p1258-1262; Shackelford 7/e p1564-1565

101. All are true about liver adenoma except: (AIIMS GIS May 2011)
- a. Normal liver architecture
- b. Increased fat
- c. Increased glycogen
- d. Cells arranged in cords

102. About hepatic adenoma, all are true except: (AIIMS GIS Dec 2009)
- a. Increased glycogen and fat in hepatocytes
- b. Normal liver architecture
- c. Bile ductules are not seen
- d. Tumor markers are normal

103. Most common cause of non-traumatic hemo-peritoneum: (AIIMS GIS 2003)
- a. Hepatic adenoma
- b. FNH
- c. HCC
- d. Hemangioma

104. Most common liver tumor in those on OCPs: (MHSSMCET 2007)
- a. HCC
- b. Liver cell adenoma
- c. Bile duct adenoma
- d. Focal nodular hyperplasia

105. All are true about hepatic adenoma except: (JIPMER GIS 2011)
- a. Usually multiple
- b. OCP is a predisposing factor
- c. Has cords of benign hepatocytes
- d. 50-75% are symptomatic

106. Which of the following liver tumors always merit surgery: (DPG 2009 March)
- a. Hemangioma
- b. Hepatic adenoma
- c. Focal nodular hyperplasia
- d. Peliosis hepatis

Ref: Bailey 24/e p1079; Taber's Medical Dictionary 19/e p1600

107. All are true about liver hemangioma except: (AIIMS GIS Dec 2006)
- a. CHF is very common
- b. Incidental detection
- c. Consumptive coagulopathy can occur
- d. Spontaneous regression is seen

Ref: Sabiston 19/e p1452-1453; Schwartz 9/e p119; Bailey 26/e p1083, 25/e p1097; Blumgart 5/e p1250-1255; Shackelford 7/e p1560-1563

Ans.				
	93. c. Hepatitis A	**94.** a. > d. Metabolic liver...	**95.** a. Donor bile with...	**96.** d. Part of liver segment...
	97. a. More common...	**98.** a., b., c.	**99.** a. Age > 40 years...	**100.** c. Hepatic architecture...
	101. a. Normal liver ...	**102.** b. Normal liver architecture	**103.** a. Hepatic adenoma	**104.** b. Liver cell adenoma
	105. a. Usually multiple	**106.** b. Hepatic adenoma	**107.** a. CHF is very common	

108. Most common benign tumor of liver is: (DNB 2005, 2000, JIPMER GIS 2011)

a. Hemangioma
b. Hepatic adenoma
c. Hepatoma
d. Hamartoma

109. CECT with nodular enhancement is suggestive of: (AIIMS GIS Dec 2006)

a. Hepatic adenoma
b. FNH
c. Hemangioma
d. HCC

110. Most common nodule found in the liver is: (PGI 2005)

a. Hepatoma
b. Hamartoma
c. Hemangioma
d. Cholangiodenoma

111. Which is the commonest incidentaloma detected in the liver: (Karnataka 2003)

a. Focal nodular hyperplasia
b. Hemangioma
c. Hepatocellular adenoma
d. Hydatid cyst

Ref: Sabiston 19/e p1451-1453; Schwartz 9/e p119-1120; Bailey 26/e p1083, 25/e p1097; Blumgart 5/e p1250-1262

112. All are risk factors for HCC except: (AIIMS GIS Dec 2006)

a. HBV
b. HCV
c. Alcohol
d. IBS

Ref: Sabiston 19/e p1453-1454; Schwartz 9/e p1121; Bailey 26/e p1085, 25/e p1099; Blumgart 5/e p1284; Shackelford 7/e p1565-1568

113. Which of the following most significantly increases the risk of HCC: (AIIMS May 2012)

a. HBV
b. HAV
c. CMV
d. EBV

114. True regarding HCC: (JIPMER 2010)

a. Non alcoholic steatohepatitis is a risk factor
b. OCP's are a cause
c. Focal nodular hyperplasia may turn malignant
d. Chromosomal abnormalities are common

Ref: Shackelford 7/e p1567

115. True about hepatocelluar carcinoma is: (PGI June 2002)

a. Associated with HBV and HCV
b. Cirrhosis is predisposing factor
c. Fibrolamellar variety is not associated with cirrhosis
d. Low propensity of vascular invasion
e. Alcoholic cirrhosis does not predispose to HCC

116. In hepatocellular carcinoma, risk factor most important is: (PGI June 2009)

a. Alcoholic hepatitis
b. Schistosomiasis
c. Cirrhosis
d. Fasciolepsis buski infestation

117. Central stellate scar is seen in: (AIIMS GIS May 2011)

a. FNH
b. Hemangioma
c. Hepatic adenoma
d. HCC

Ref: Sabiston 19/e p1451-1452; Schwartz 9/e p1120; Bailey 26/e p1083, 25/e p1097; Blumgart 5/e p1255-1258; Shackelford 7/e p1563-1564

118. All of the following are true regarding FNH except: (AIIMS GIS Dec 2010)

a. Not frequently associated with OCPs
b. Surgical resection is required due to risk of malignancy
c. Stellate scar is diagnostic
d. Typical hepatic vascularity is not seen with spoke wheel pattern

119. True statement regarding focal nodular hyperplasia: (PGI Nov 2011)

a. More common in young women
b. Associated with OCP use
c. May present with abdominal pain
d. Excision biopsy may aid in diagnosis
e. Progress to cirrhosis

120. Similarity between FNH and hepatic adenoma are all except: (AIIMS GIS 2003)

a. Hemoperitoneum is common
b. Biliary abnormalities are seen
c. More common in females
d. Associated with OCPs

121. Which one of the following hepatic lesions can be diagnosed with high accuracy by using nuclear imaging: (AIIMS Nov 2004)

a. Hepatocellular carcinoma
b. Hepatic adenoma
c. Focal nodular hyperplasia
d. Hemangioma

122. Water lily appearance in a chest radiograph suggests: (ComedK 2005, 2004)

a. Metastasis
b. Cavitating metastasis
c. Aspergilloma
d. Ruptured hydatid cyst

Ref: Sabiston 19/e p1447-1449; Schwartz 9/e p1116; Bailey 26/e p1081, 25/e p1095-1096; Blumgart 5/e p1035- 1048; Shackelford 7/e p1459-1462

123. Which of the following is not a sign of pulmonary hydatidosis: (ComedK 2010)

a. Water lily sign
b. Rising sun sign
c. Meniscus sign
d. Drooping lily sign

Ref: Wolfgang 2/e p309

Ans.	**108.** a. Hemangioma	**109.** c. Hemangioma	**110.** c. Hemangioma	**111.** b. Hemangioma
	112. d. IBS.	**113.** a. HBV	**114.** a. Non alcoholic...	**115.** a., b., c.
	116. c. Cirrhosis	**117.** a. FNH	**118.** b. Surgical resection...	**119.** a., b., c., d.
	120. a. Hemoperitoneum...	**121.** c. Focal Nodular...	**122.** d. Ruptured hydatid cyst	**123.** d. Drooping lily sign

124. False about hydatid cyst of liver: (PGI Nov 2010)
a. Hepatic resection is never done
b. Laparoscopic aspiration of cyst is performed
c. Most commonly located in the right liver
d. Mostly asymptomatic
e. Most common causative organism is Echinococcus granulosus

125. Not an indication for PAIR treatment in hydatid cyst:
a. Size >5cm (PGI Nov 2010)
b. Multiloculated
c. Cyst in lung
d. Recurrence after surgery
e. Perforated cyst

126. Capitonnage is used in treatment of: (MHSSMCET 2008)
a. Choledochal cyst
b. Dermoid cyst
c. Hydatid cyst
d. Renal cyst

Ref: Blumgart 5/e p1045

127. True about hydatid cyst of liver: (PGI June 2004)
a. Caused by E. granulosus
b. In 80% cases cyst in single
c. Blood culture helpful
d. Surgery is the only treatment

128. In the treatment of hydatid cyst, PAIR is contraindicated in: (PGI Dec 2006)
a. Lung cyst
b. Size >5cm
c. Not amenable to treatment with albendazole
d. Multiple
e. Inaccessible location

Ref: Sabiston 19/e p1449; Bailey 26/e p1081, 25/e p1095; Blumgart 5/e p1047-1048; Shackelford 7/e p1461

129. True about hydatid disease: (PGI June 2005)
a. MC site is lung
b. Pre-op albendazole followed by surgery is the treatment of choice
c. 20% saline is scolicidal
d. Puncture, aspiration, injection, and respiration (PAIR) done in hepatic hydatids

130. Diagnosis of hydatid disease is by: (PGI June 2004)
a. Biopsy
b. X-ray
c. Casoni test
d. Serum examination

131. A 40-year-old male presents with a painless cystic liver enlargement of four years duration without fever or jaundice. The most likely diagnosis is: (UPSC 2003)
a. Amoebic liver abscess
b. Hepatoma
c. Hydatid cyst of liver
d. Choledochal cyst

132. All are complications of hydatid cyst in the liver except:
a. Jaundice
b. Suppuration (APPG 2000)
c. Cirrhosis
d. Rupture

133. During surgical exploration for hydatid cyst of the liver, any of the following agents can be used as scolicidal agent except: (UPSC 2004)
a. Hypertonic sodium chloride
b. Formalin
c. Cetrimide
d. Povidone iodine

134. Which of the following is true about hydatid cyst of liver: (DPG 2007)
a. Surgical management is done always
b. Conservative treatment is effective
c. Aspiration is safe
d. E. multilocularis is the most common cause

Ref: Bailey and Love 25/e p1095, 24/e p167

135. Treatment of hydatid cyst: (APPG 2008)
a. Excision of cyst
b. Percutaneous drainage
c. Conservative management
d. None

136. Investigation of choice for hydatid disease is:
a. CT scan
b. Elisa (MCI Sept 2009)
c. Biopsy
d. USG

137. Medical management of hydatid disease is indicated in (All India 2006)
a. Pregnancy
b. Infected hydatid cyst
c. Moribund patients
d. Multiple peritoneal cyst

Ref: Sabiston 19/e p1449

138. The sensitivity of Casoni's test is: (APPG 2007, Kerala 2008)
a. 50%
b. 60%
c. 75%
d. 90%
e. 95%

139. Solitary hepoechoic lesion of the liver without septa or debris is most likely to be: (AIIMS Nov 2005)
a. Hydatid cyst
b. Caroli's disease
c. Liver abscess
d. Simple cyst

Ref: Sabiston 19/e p1464; Schwartz 9/e p1119; Blumgart 5/e p1052-1054; Shackelford 7/e p1453-1457

SURGERY

Ans.
124. a. Hepatic resect... **125.** b., c., d., e. **126.** c. Hydatid cyst **127.** a. Caused..., b. In 80%...
128. a. Lung cyst, e. Ina... **129.** b., c., d. **130.** d. Serum examination **131.** c. Hydatid cyst of liver
132. c. Cirrhosis. **133.** b. Formalin **134.** c. Aspiration is safe **135.** b. Percutaneous drainage
136. b. ELISA **137.** d. Multi..., . c. Moribund... **138.** b. 60%. **139.** d. Simple cyst

140. Simple hepatic cyst, all are true except:
a. Asymptomatic (AIIMS GIS Dec 2006)
b. Lined by columnar epithelium
c. Intracystic bleeding is common and deroofing is mandatory
d. Congenital

141. Treatment of symptomatic polycystic liver disease is:
a. Deroofing of the cyst (DPG 2008)
b. Injection of sclerosant
c. Hepatic resection
d. Liver transplantation

Ref: Sabiston 19/e p1464; Schwartz 9/e p1119, 8/e p1159; Blumgart 5/e p1054-1062; Shackelford 7/e p1457-1458; Maingot 11/e p776

142. Most common cause of liver abscess in chronic granulomatous disease: (ILBS 2012)
a. Klebsiella
b. Staph. aureus
c. Peptostreptococcus
d. E. coli

Ref: Sabiston 19/e p1440-1444; Schwartz 9/e p1115; Bailey 26/e p1080, 25/e p1094; Blumgart 5/e p1006-1115; Shackelford 7/e p1464-1471

143. Most common cause of liver abscess:
a. E. coli (AIIMS GIS May 2011)
b. Proteus
c. Klebsiella
d. Staphylococcus

144. Which of the following is the most common cause of pyogenic liver abscess:
a. Trauma (All India 2012, AIIMS GIS Dec 2009)
b. Biliary tract infection
c. Colonic diverculitis
d. Appendicitis

145. Most common source of liver abscess: (AIIMS GIS 2003)
a. Biliary tree
b. Portal vein
c. Hematogenous
d. Direct extension

146. All are true about pyogenic liver abscess except:
(JIPMER GIS 2011)
a. Most common route of infection is biliary tree
b. Most common site is right lobe
c. Klebsiella is most common in gas forming abscess
d. Percutaneous drainage is least cured

147. All are true about amoebic liver abscess except:
(PGI Nov 2010)
a. Metronidazole is mainstay of treatment
b. Multifocal abscess can not be treated by aspiration
c. More common in left side
d. More common in female

Ref: Sabiston 19/e p1445-1447; Schwartz 9/e p1115-1116; Bailey 26/e p1081, 25/e p1095; Blumgart 5/e p1016-1024; Shackelford 7/e p1471-1478

148. Indication of aspiration in liver abscess: (PGI June 2008)
a. Left lobe abscess
b. Deep and less than 5mm size
c. Multiple
d. Recurrent
e. Refractory to treatment after 48-72 hours

149. Liver abscess ruptures most commonly in:
(AIIMS GIS 2003)
a. Pleural cavity
b. Peritoneal cavity
c. Pericardial cavity
d. Bronchus

150. True about amebic liver abscess: (AIIMS GIS May 2008)
a. Male: female >10:1
b. Not predisposed by alcohol
c. More common in diabetics
d. E. histolytica is isolated in >50% from blood culture

151. Not an indication for percutaneous aspiration in amebic liver abscess: (AIIMS GIS May 2008)
a. Radiographically unresolved lesion after 6 months
b. Suspected diagnosis
c. Left lobe liver abscess
d. Compression or outflow obstruction of hepatic or portal vein

Ref: Sabiston 19/e p1447

152. Commonest cause of pyogenic liver abscess:
(AIIMS Sept 2009)
a. Aspiration
b. Hematogenous spread from a distant site
c. Direct contact
d. Lymphatic spread

153. Anchovy sauce pus is a feature of: (All India 2007)
a. Amebic liver abscess
b. Lung abscess
c. Splenic abscess
d. Pancreatic abscess

154. Commonest cause of pyogenic liver abscess:
(AIIMS Sept 2002)
a. Biliary sepsis
b. Biliary colic
c. Appendicitis
d. Sigmoid diverticulitis

155. In pyogenic liver abscess commonest route of spread is:
(AIIMS Nov 2001, AIIMS Nov 2003)
a. Hematogenous through portal vein
b. Ascending infection through biliary tract
c. Hepatic artery
d. Local spread

Ans.	**140.** c. Intracystic bleed...	**141.** a. Deroofing of the cyst	**142.** b. Staph. Aureus	**143.** a. E. coli
	144. b. Biliary tract infec...	**145.** a. Biliary tree.	**146.** d. Percutaneous...	**147.** c. More..., d. More...
	148. a. Left..., e. Refrac....	**149.** b. Peritoneal cavity	**150.** a. Male: female >10:1	**151.** a. Radiographically...
	152. b. Hematogenous...	**153.** a. Amebic liver abscess	**154.** a. Biliary sepsis	**155.** b. Ascending infection...

156. True about pyogenic liver abscess: (PGI June 2001)
a. Single and large abscess
b. X-ray features are diagnostic
c. Serology is confirmatory investigation
d. Systemic complaints, fever and jaundice common
e. Liver enzyme abnormalities are common and severe

Ref: Sabiston 19/e p1443

157. True about amoebic liver abscess: (PGI Dec 2000)
a. Frequently associated with diarrhea at presentation
b. Most common in right lobe liver
c. Can rupture into pleural cavity
d. Almost never respond to metronidazole

158. Indications for needle aspiration in liver abscess are:
a. Recurrent

(PGI June 2006)

b. Left lobe
c. Refractory to treatment after 48-72 hours
d. >10 cms size
e. Multiple

159. True treatment regarding hepatic amoebiasis: (PGI 2004)
a. More common in females
b. Multiple lesions
c. Mostly treated conservatively
d. Jaundice is common

160. Which one of the following is not corrected regarding amoebic liver abscess: (ICS 2005)
a. Its usual occurrence is in the right lobe
b. Patient is toxic
c. Surgical drainage is always indicated
d. Extension of abscess from liver to pericardium is the most dreaded complication

161. All are used in treatment of amoebic liver abscess except: (MAHE 2007)
a. Diloxanide furoate
b. Chloroquine
c. Metronidazole
d. Emetine

Ref: KDT 5/e p753

162. Not true about amebic liver abscess is: (DPG 2006)
a. Adult forms are seen
b. Conservative treatment is generally seen
c. Larvae are seen
d. USG can diagnose it

Ref: Bailey and Love 25/e p1095, 24/e p1077, Schwartz 9/e p1116, 8/e p1164

163. Which of the following statement is true regarding pyogenic liver abscess: (MCI Sept 2009)
a. Diagnosis can be confirmed by serological test
b. Radiographic features are diagnostic
c. Usually a large and single abscess is seen in cases of direct spread
d. Systemic manifestations are uncommon

164. A patient with 8 cm x 8 cm abscess in right lobe of liver was treated with aspiration multiple times (3 times) and with systemic amebicide. Now cavity is remaining in right lobe of liver but there is nothing in the cavity. Seven days course of luminal amebicides is given. How will you follow up:
a. Stool examination only (AIIMS Nov 2012)
b. USG weekly for 1 month followed by monthly USG till 1 year
c. USG weekly for 3 months followed by CT scan at 3 months.
d. USG or CT scan monthly and stool examination weekly

Ref: Sabiston 19/e p1445-1447; Schwartz 9/e p1115-1116; Bailey 25/e p1095; Blumgart 5/e p1016-1024; Shackelford 7/e p1471-1478

165. A young patient presents to the emergency department with fever and right upper quadrant pain. Clinical examination reveals obvious hepatomegaly but there is no jaundice. Ultrasound reveals a solitary, homogeneous, hypoechoic lesion in the right lobe measuring 5cmx5cmx4cm. Tests for hydatid disease were negative. Which of the following is the best recommendation for initial treatment:

(All India 2011)

a. Multiple aspirations and antiamoebics/antibiotics
b. Catheter drainage and antiamoebics/antibiotics
c. Antiamoebics/antibiotics alone
d. Hepatectomy followed by antiamoebics/antibiotics

Ans. **156.** a and d **157.** b and c **158.** b and d **159.** c. Mostly treated
160. c. Surgical... **161.** a. Diloxanide furoate **162.** c. Larvae are seen. **163.** c. Usually a large
164. b. USG weekly... **165.** c. Antiamebics...

B. PORTAL HYPERTENSION

1. Most common cause of gastric varices is:
a. Splenic vein thrombosis (AIIMS GIS Dec 2011)
b. Splenectomy
c. Cirrhosis
d. Mesenteric thrombosis

Ref: Sabiston 19/e p1222-1223; Schwartz 9/e p1113; Blumgart 5/e p1137; Shackelford 7/e p653-654

2. Isolated gastric varices: (AIIMS GIS May 2011)
a. Profuse bleeding
b. Most commonly due to splenic vein thrombosis
c. EUS is better than endoscopy
d. Single treatment can lead to eradication

3. Veins involve in stomach varices are: (PGI Dec 2008)
a. Coronary vein
b. Short gastric vein
c. Right gastroepiploic vein
d. Left gastroepiploic vein
e. Left gastric vein

Ref: Sabiston 19/e p1222-1223

4. Which of the following is not associated with left sided portal hypertension: (ComedK 2006)
a. Secondary to pancreatic inflammation or neoplasm
b. Normal superior mesenteric and portal venous pressure
c. Easily reversed by splenectomy
d. Isolated esophageal varices present

Ref: Sabiston 19/e p1432; Schwartz 9/e p1112; Blumgart 5/e p1079-1091; Shackelford 7/e p1597; Harrison 18/e p2598

5. Normal portal vein pressure is: (ComedK 2008)
a. <3 mm Hg
b. 3-5 mm Hg
c. 5-10 mm Hg
d. 10-12 mm of Hg

Ref: Sabiston 19/e p1431-1433; Schwartz 9/e p1111; Bailey 26/e p1074-1076, 25/e p1088; Blumgart 5/e p1128-1138; Shackelford 7/e p1596; Harrison 18/e p2597

6. Which of the following causes minimal portohepatic compromise: (JIPMER GIS 2011)
a. Non-selective shunts
b. TIPSS
c. Distal splenorenal shunt
d. Sclerotherapy

7. Most common metabolic disturbance of cirrhosis is: (ILBS 2012, JIPMER GIS 2011)
a. Metabolic acidosis
b. Metabolic alkalosis
c. Respiratory acidosis
d. Respiratory alkalosis

Ref: Sabiston 19/e p1432; Harrison 18/e p2598

8. In portocaval anastomosis, even if no palpable obstruction is present the criteria to diagnose anastomosis failure is portocaval pressure gradient of more than: (MHSSMCET 2008)
a. 50 cm H_2O
b. 60 cm H_2O
c. 70 cm H_2O
d. 80 cm H_2O

9. All are true about hepatopulmonary syndrome except: (JIPMER GIS 2011)
a. Frequency in ESLD is between 8-29%
b. Characterized by hypoxemia and anatomical shunting of blood
c. Only established treatment at present is OLT
d. A pre-operative oxygen tension of <30 mmHg alone is a predictor of disease

Ref: Shackelford 7/e p1606-1608; www.medicalcriteria.com; Sabiston 19/e p585

10. Metabolic complication of cirrhosis are all except: (AIIMS GIS Dec 2006)
a. Hypokalemia
b. Hyponatremia
c. Hypoglycemia
d. Hypoammonemia

11. In a patient with compensated liver cirrhosis presented with history of variceal bleed. The treatment of choice in this patient is: (AIIMS June 2002)
a. Propranolol
b. Liver transplantation
c. TIPS (Transjugular intrahepatic portal shunt)
d. Endoscopic sclerotherapy

Ref: Sabiston 19/e p1113; Blumgart 5/e p1129-1134; Shackelford 7/e p1597, 1599-1601; Harrison 18/e p2598

12. Left sided portal hypertension is best treated by: (AIIMS June 2001)
a. Splenectomy
b. Portocaval shunt
c. Lieno-renal shunt
d. Spleno-renal shunt

13. Portal hypertension following portal vein thrombosis are guided by: (PGI Dec 2003)
a. ↑ in splenic pulp pressure
b. ↑ in portal vein pressure
c. ↑ in hepatic vein pressure
d. Portal vein Doppler study

Ans.	**1.**	c. Cirrhosis	**2.**	b. Most commonly	**3.**	All	**4.**	d. Isolated esophageal...
	5.	c. 5-10 mm Hg	**6.**	d. Sclerotherapy	**7.**	b. Metabolic alkalosis	**8.**	a. 50 cm H_2O
	9.	d. A pre-operative...	**10.**	d. Hypoammonemia...	**11.**	d. Endoscopic...	**12.**	a. Splenectomy. .
	13.	a, b and d						

14. Child criteria include all except: (PGI May 2011)

a. Nutritional status
b. S. Bilirubin
c. S. Creatinine
d. Acid phosphate
e. Ascites

Ref: Sabiston 19/e p1431; Schwartz 9/e p1111; Blumgart 5/e p59; Harrison 18/e p2526

15. Child criteria include all except: (PGI Dec 2007, Dec 2006)

a. Nutrition
b. Bilirubin
c. Albumin
d. Encephalopathy
e. Ascites

16. Child-Pugh criteria does not include: (Punjab 2010)

a. Encephalopathy
b. ALT
c. Ascites
d. Albumin

17. According to Child-Pugh staging, child's B is:

a. 5-6 (JIPMER GIS 2011)
b. 7-9
c. 10-11
d. 9-12

18. According to Pugh's classification moderate to severe hepatic insufficiency is managed by:

a. Sclerotherapy (AIIMS Nov 2000)
b. Conservative
c. Orthotopic liver transplantation
d. Shunt surgery

19. Child-Pugh's criteria does not include: (PGI June 2004)

a. Encephalopathy
b. Ascites
c. Albumin
d. Creatinine
e. ALT

20. The Sengstaken tube must maintain a pressure of to stop bleeding from varices: (JIPMER 2002)

a. 20 mm Hg
b. 25 mm Hg
c. 35 mm Hg
d. 45 mm Hg

Ref: Sabiston 19/e p1433; Schwartz 9/e p1113; Blumgart 5/e p1136-1137; Shackelford 7/e p1600; Harrison 18/e p2598; Bailey 25/e p1089

21. Drug induced portal hypertension is seen with:

a. Vitamin A toxicity (PGI 2001 AIIMS 2003)
b. Methotrexate
c. Aldomet
d. Hydatid cyst

Ref: livertox.nlm.nih.gov

22. In child's criteria partial encephalopathy, bilirubin 2.5 mg/dl albumin 3 gm/dl, controlled ascites indicates: (PGI 2006)

a. Grade A
b. Grade B
c. Grade C
d. More information needed

23. Which one of the following is not a treatment of gastro-esophageal variceal hemorrhage: (UPSC 2001)

a. Sclerotherapy
b. Sengstaken tube
c. Transjugular intrahepatic portacaval shunt
d. Gastric freezing

24. In portal hypertension, the sites of portosystemic anastomosis includes: (DPG 2010)

a. Lower end of esophagus
b. Around umbilicus
c. Lower third of rectum and anal canal
d. All of the above

Ref: Snell's Clinical Anatomy 7/e p134, 234, 263, 424

25. A 50-years old male presented with history of hematemesis-500 ml of blood and on examination shows BP-90/60, PR-110/min and splenomegaly 5 cm below lower costal margin. Most probable diagnosis is: (All India 2012, AIIMS Nov 2006)

a. Mallory Weiss tear
b. Duodenal ulcer
c. Gastriti
d. Portal hypertension

Ref: Sabiston 19/e p1164

26. MELD score doesn't include: (AIIMS GIS Dec 2011, Dec 2006)

a. INR
b. S. bilirubin
c. S. creatinine
d. Blood urea

Ref: Sabiston 19/e p658; Schwartz 9/e p297, 1111; Blumgart 5/e p1667; Shackelford 7/e p1525; Harrison 18/e p2526

27. A 40-years old male presents with hepatemesis. On examination his BP was 90/60 mm Hg and heart rate was 120/min. Splenomegaly was also present. The most propable cause of his bleeding is: (AIIMS May 2012)

a. Portal hypertension
b. Gastric ulcer
c. Duodenal ulcer
d. Drug induced GI injury

28. Child's criteria is used in: (DNB 2005, 2001, 2000)

a. Pancreatitis
b. Cirrhosis
c. Multiple myeloma
d. AIDS

Ans. **14.** a., c., d. **15.** a. Nutrition **16.** b. ALT **17.** b. 7-9
18. c. Orthotopic liver... **19.** d and e **20.** c. 35 mm Hg **21.** a. Vitamin A toxicity
22. d and b **23.** d. Gastric freezing **24.** d. All of the above **25.** d. Portal hypertension
26. d. Blood urea **27.** a. Portal hypertension **28.** b. Cirrhosis

29. Worm-like filling defect is seen in: (ComedK 2005)
a. Erosive gastritis
b. Esophageal varices
c. CA esophagus
d. Schatzki's ring

Ref: Wolfgang Radiology 2nd/509

30. Which one of the following treatment modalities is not used for management of acute blood loss due to ruptured esophageal varices: (UPSC 2004)
a. Endoscopic sclerotherapy
b. Endoscopic band ligation
c. Octreotide
d. Propranolol

Ref: Sabiston 19/e p1432-1440; Schwartz 9/e p1113; Bailey 26/e p1074-1076, 25/e p1088-1091; Blumgart 5/e p1129-1146; Shackelford 7/e p1599-1604; Harrison 18/e p2598

31. On barium swallow the grade IV esophageal varices appear as: (AIIMS June 2001)
a. Mucosal folds above the carina
b. Mucosal folds below the carina
c. Mucosal folds at the carina
d. A thick band

Ref: Surgical Diseases in Tropical countries/130

32. Best test for esophageal varices is: (UPPG 2009)
a. CT- scan
b. Gastroesophagoscopy
c. Tomography
d. Ultrasound

33. The balloons of Sengstaken-Blakemore tube should be temporarily deflated after how many hours to prevent pre-necrosis of the esophagus: (MHSSMCET 2011)
a. 12 hours
b. 24 hours
c. 36 hours
d. 48 hours

Ref: Bailey 26/e p1074-1075, 25/e p1089

34. To stop variceal bleeding pressure in Sengstaken Blackmore tube should be: (MHSSMCET 2007)
a. 40 mm
b. 50 mm
c. 60 mm
d. 70 mm

35. Treatment of choice for bleeding esophageal and gastric varices: (MHSSMCET 2007)
a. Injection sclerotherapy
b. Banding (Endoscopic)
c. Shunt surgery
d. Devascularization

Ref: Sabiston 19/e p1434; Schwartz 9/e p1113; Bailey 26/e p1075, 25/e p1089; Blumgart 5/e p1135-1138; Shackelford 7/e p1600-1601; Harrison 18/e p2598

36. Variceal banding was invented by: (MHSSMCET 2006)
a. Borema and Crile
b. Stiegmann and Goff
c. Sugiura and Futagawa
d. Crafoord and Frenckner

Ref: Bailey 24th/1071

37. Which of the following agents is recommended for medical treatment of variceal bleed: (All India 2011)
a. Octreotide
b. Desmopressin
c. Vasopressin
d. Nitroglycerine

Ref: Harrison 18/e p2598, 17/e p1977

38. Sclerotherapy failure is defined as: (JIPMER GIS 2011)
a. Unresponsiveness to consecutive 2 energy sclerotherapies
b. Unresponsiveness to consecutive 3 energy sclerotherapies
c. Remnant bleeding even after sclerotherapy for successive 2 hospital admissions
d. Failure to heal after a single treatment

39. Contraindications of TIPSS: (ILBS 2012)
a. HPS
b. HRS
c. VOD
d. BCS

Ref: Sabiston 19/e p1437-1440; Schwartz 9/e p1114; Bailey 26/e p1075-1076, 25/e p1089-1090; Blumgart 5/e p1180-1188; Shackelford 7/e p1602-1603; Harrison 18/e p2599

40. False about TIPSS: (AIIMS GIS May 2008)
a. Shunt thrombosis is more common than stenosis
b. Encephalopathy is more common
c. Improves ascites and hydrothorax
d. Much better control of bleeding than variceal ligation

41. TIPSS means creating anastomosis between which of the following: (MHSSMCET 2009, Karnataka 2006)
a. Portal vein and hepatic artery
b. Portal vein and IVC
c. Portal vein and hepatic vein
d. Hepatic vein and hepatic artery

42. TIPSS is a type of: (JIPMER GIS 2011)
a. Non-selective shunt
b. Selective shunt
c. Both selective and non-selective shunt
d. Systemic shunt

43. True about TIPSS: (PGI June 2009)
a. It is a type of portocaval shunt
b. It is intrahepatic shunt
c. Performed by passing endoscopes
d. Most suitable for patient going for liver transplant

Ans.
29. b. Esophageal... **30.** d. Propranolol **31.** b. Mucosal fold... **32.** b. Gastroesophagoscopy
33. a. 12 hours. **34.** a. 40 mm **35.** b. Banding **36.** b. Stiegmann and Goff
37. a. Octreotide **38.** a. Unresponsiveness... **39.** a. HPS **40.** a. Shunt thrombosis...
41. c. Portal vein... **42.** a. Non-selective shunt **43.** b and d

44. TIPS is used in all except: (AIIMS GIS Dec 2011)

a. Refractory ascites
b. BCS
c. Hepatopulmonary syndrome
d. Refractory hepatic hydrothorax

45. Veno-occlusive disease in hepatic vein is characterized by: (PGI Dec 2007)

a. Central venous congestion
b. Hepatomegaly
c. Portal vein obstruction
d. Budd-Chiari syndrome
e. Hepatic fibrosis

Ref: Blumgart 5/e p1189-1198; Shackelford 7/e p1556

46. Veno-occlusive disease is seen in all except: (AIIMS GIS Dec 2011)

a. Bone marrow transplant
b. Bush teas
c. Mushroom poisoning
d. Cytosine arabinoside

47. Coronary-Caval fistula is : (ILBS 2011)

a. Inokuchi
b. Warren's
c. Eck's fistula
d. Shamik

Ref: Sabiston 19/e p1434-1438; Bailey 25/e p1090-1091; Blumgart 5/e p1146-1159; Shackelford 7/e p1603-1604

48. In mesocaval shunt which incision approach is used: (MHSSMCET 2009)

a. Midline
b. Paramedian
c. Subcoastal
d. Chevron

Ref: Mastery of Surgery 2007/1352; Atlas of GI Surgery by John L. Cameron 2007/194

49. Which is a non-selective shunt: (AIIMS GIS May 2008)

a. DSRS
b. Inokuchi shunt
c. 12 mm interposition shunt
d. 8 mm interposition shunt

50. For bleeding varices of the esophagus, the common operation operations is/are: (AIIMS 2006 DNB 2007)

a. Portocaval shunt
b. Gastrectomy
c. Splenectomy
d. All of the above

51. Prognosis of portocaval shunt depends on all except: (AIIMS Sept 2005)

a. Serum bilirubin
b. Serum albumin
c. Refractory ascites
d. Type of shunt

52. Contraindications of portal systemic shunting include: (PGI 2001)

a. Serum albumin less than 3 mg%
b. Massive ascites
c. Significant jaundice
d. All of the above

53. Denver shunt is used in: (DNB 2012)

a. Ascites
b. Dialysis
c. Raised ICT
d. Raised IOP

Ref: Textbook of Hepatology by Erwin Kuntz/317

54. The operation that precipitates portosystemic encephalopathy is: (MAHE 2005)

a. Splenorenal shunt
b. Suguira operation
c. Talmal-marison operation
d. Portacaval anastomosis

Ref: Blumgart 5/e p1110; Harrison 18/e p2601

55. True about Budd-Chiari syndrome is the following except: (MHPGMET 2005)

a. Can occur due to web in IVC
b. Thrombosis of hepatic veins
c. Causes prehepatic portal hypertension
d. Intractable ascites

Ref: Schwartz 9/e p1114; Bailey 26/e p1078, 25/e p1092; Blumgart 5/e p1189-1198; Shackelford 7/e p1547-1548

56. Budd-Chiari syndrome involves: (MHSSMCET 2005, Rajasthan 2003)

a. Superior vena cava
b. Portal vein
c. Hepatic veins
d. Hepatic artery

57. Budd-Chiari syndrome is due to thrombosis of: (Orissa 2011)

a. Infra renal IVC
b. Renal part of IVC
c. Superior mesenteric vein thrombosis
d. Hepatic veins

58. In Budd-Chiari syndrome, the occlusion is at the: (DPG 2010)

a. IVC
b. Renal vein
c. Hepatic vein
d. Splenic vein

59. A 20-year-old male has presented with repeated episodes of hematemesis. There is no history of jaundice or liver decompensation. On examination the significant findings include splenomegaly (8 cms below costal margin), and presence of esophageal varices. There is no ascites or peptic ulceration. The liver function tests are normal. the most likely diagnosis is: (AIIMS Nov 2004)

a. Extrahepatic portal venous obstruction
b. Non-cirrhotic portal fibrosis
c. Cirrhosis
d. Hepatic venous outflow tract obstruction

Ref: Blumgart 5/e p1099-1105

Ans.				
	44. c. Hepatopulmonary...	**45.** b and e.	**46.** c. Mushroom poisoning...	**47.** a. Inokuchi
	48. a. Midline	**49.** c. 12 mm interposition...	**50.** a. Portocaval shunt	**51.** d. Type of shunt
	52. d. All of the above	**53.** a. Ascites.	**54.** d. Portacaval	**55.** c. Causes prehepatic
	56. c. Hepatic veins	**57.** d. Hepatic veins .	**58.** c. Hepatic vein	**59.** b. Non-cirrhotic

60. A 12-year-old boy presents with hematemesis, melena and mild splenomegaly. There is no obvious jaundice or ascitis. The most likely diagnosis is: (All India 2011)

a. EHPVO
b. NCPF
c. Cirrhosis
d. Malaria with DIC

Ref: Blumgart 5/e p1099-1105

61. Treatment of choice for extrahepatic portal thrombosis: (MHSSMCET 2009)

a. Mesocaval shunt
b. Portocaval shunt
c. Mesorenal shunt
d. Splenorenal shunt

62. Which of the following is the most common presenting symptom of non-cirrhotic portal hypertension: (All India 2006)

a. Chronic liver disease
b. Ascites
c. Upper gastrointestinal bleeding
d. Encephalopathy

Ref: Blumgart 5/e p1088

63. NCPF is due to: (AIIMS GIS Dec 2010)

a. Extrahepatic obstruction
b. Intrahepatic pre-sinusoidal obstruction
c. Intrahepatic sinusoidal obstruction
d. Intrahepatic post-sinusoidal obstruction

Ans. **60.** a. EHPVO **61.** a. > d. **62.** c. Upper gastrointe... **63.** b. Intrahepatic...

C. GALL BLADDER

1. Sump syndrome occurs most commonly after:
a. Cholecystojejujunostomy (ComedK 2008)
b. Choledochoduodenostomy
c. Mirizzi's syndrome
d. Choledochojejunostomy
Ref: Blumgart 5/e p632; Shackelford 7/e p1355

2. True about cystic duct stump stone are all except:
a. Stone cause of postoperative pain (PGI Nov 2009)
b. Re-cholecystectomy is the definite treatment of choice
c. ERCP is the investigation of choice to diagnose
d. Basket extraction is the treatment of choice
e. Oral ursodeoxycholic acid relieves symptoms remarkably
Ref: Sabiston 19/e p1499

3. Sphincter of Oddi consists of: (AIIMS May 2011)
a. 2 sphincters
b. 3 sphincters
c. 4 sphincters
d. 5 sphincter *Ref: Shackelford 7/e p1290; Bailey 26/e p1120*

4. Bleeding adjacent to the "Triangle of Calot" should be controlled by: (MHPGMCET 2009)
a. Pressing the artery manually
b. Blind clipping
c. Kocher's artery forceps
d. Stitching
Ref: Blumgart 5/e p525

5. "Limey bile" is: (Karnataka 2007)
a. Present in the CBD
b. Thin and clear
c. Like toothpaste emulsion in the gall bladder
d. Bacteria rich
Ref: Harrison 18/e p2622

6. Pain at the tip of shoulder is due to all except: (DNB 2008)
a. Peptic ulcer
b. Pancreatitis
c. Cholecystitis
d. Appendicitis
Ref: Examination of Shoulder by Tae Kyun Kim/4

7. A middle aged patients presents with the complained of right hypochondrial pain. On X-ray, elevated right hemidiaphragm was seen. All of the following are the possible diagnoses except: (AIIMS Nov 2012)
a. Subphrenic abscess
b. Acute cholecystitis
c. Pyogenic liver abscess
d. Amoebic liver abscess in right lobe
Ref: Sabiston 19/e p1440-1447, 1487-1488; Schwartz 9/e p1115-1116; http://radiopaedia.org/articles/elevated-hemidiaphragm

8. In a male after laparoscopic cholecystectomy, specimen is sent for histopathology which shows carcinoma gallbladder stage T1a. Appropriate management is: (AIIMS May 2011)
a. Conservative and follow up
b. Extended cholecystectomy
c. Excision of all port sites
d. Radiotherapy
Ref: Sabiston 19/e p1505-1508; Schwartz 9/e p1160-1162; Bailey 26/e p1116-1117, 25/e p1129; Blumgart 5/e p748-754; Shackelford 7/e p1364-1370

9. After laparoscopic cholecystectomy, if biopsy reveals in-situ cancer of gall bladder (Stage-I), then the appropriate management is: (Orissa 2011)
a. Follow-up
b. Extended cholecystectomy
c. Excision of all port sites
d. Radiotherapy

10. Survival in unresectable GB carcinoma is:
a. 4-6 months (AIIMS May 2011)
b. 8-10 months
c. 1 year
d. 12-24 months

11. T2N1 of CA GB represents which stage: (KGMC 2011)
a. IA
b. IB
c. II
d. III

12. True about CA GB: (ILBS 2012)
a. T1a can be treated and cured by laparoscopic cholecystectomy
b. T1b needs radical operation in all cases
c. Port site metastasis is localized disease
d. Pre-operative diagnosis of CA GB has different survival according to stage

13. Most common gallbladder malignancy:
a. Adenocarcinoma (MHSSMCET 2008)
b. Squamous cell carcinoma
c. Mucinous cystadenocarcinoma
d. Serous cystadenocarcinoma

14. All are true about CA GB except: (GB Pant 2011)
a. Redo surgery is radical or extended cholecystectomy increases significant survival advantage
b. Inter-aortocaval node involvement potentially rule out cure
c. <25% 5-years survival for all stages
d. Pancreaticoduodenectomy has 5 year survival of 25%

15. True about CA GB: (PGI SS Dec 2009)
a. Most commonly presents with obstructive jaundice
b. 90% are associated with gall stones
c. 5-years survival is 35%
d. 30% are squamous cell carcinoma

Ans.
1. b. Choledochoduod…
2. b. and e
3. c. 4 sphincters
4. a. Pressing the…
5. c. Like toothpaste…
6. d. Appendicitis
7. b. Acute cholecystitis…
8. a. Conservative and follow up
9. a. Follow-up
10. a. 4-6 months
11. d. III
12. a. T1a can be treated and…
13. a. Adenocarcinoma
14. d. Pancreaticoduod…
15. b. 90% are associated…

16. Best prognosis in CA GB is seen in: (PGI SS Dec 2009)
a. Papillary
b. Adenocarcinoma
c. Squamous
d. Melanoma

17. False regarding CA GB: (PGI SS Dec 2010)
a. T1a: simple cholecystectomy
b. T1b: extended cholecystectomy
c. T1a: extended cholecystectomy if carcinoma in neck of gall bladder
d. Excision of port sites improves survival

18. Laparoscopic cholecystectomy was done, on histopathology, stage was T2. Next line of treatment:
a. Observation (AIIMS GIS 2003)
b. Extended cholecystectomy
c. Port site excision
d. Chemotherapy *Ref: Blumgart 5/e p754*

19. Commonest type of carcinoma gallbladder with gall stones is: (AIIMS Nov 2004)
a. Adenocarcinoma
b. Anaplastic carcinoma
c. Squamous cell carcinoma
d. Transitional cell carcinoma

20. Not an indication for cholecystectomy for asymptomatic gall stones: (AIIMS GIS May 2011)
a. Diabetes
b. Sickle cell anemia
c. Porcelain GB
d. In high prevalence area of CA GB

21. The indications of cholecystectomy are:
a. Strawberry gall bladder (PGI Dec 2007, Dec 2006)
b. Mucocele of the gallbladder
c. Gall bladder polyp
d. Asymptomatic gall stone disease
e. Symptomatic cholelithiasis

22. The technique of laparoscopic cholecystectomy was first described by:
a. Erich Muhe (AIIMS May 2011)
b. Phillip Moure
c. Kurt Semm
d. Eddie Reddick *Ref: Blumgart 5/e p512*

23. All are indications for cholecystectomy except:
a. Emphysematous cholecystitis (JIPMER GIS 2011)
b. Biliary dyskinesia
c. Perforation of gall bladder
d. Adenomyomatosis

24. Prophylactic cholecystectomy is done in: (AIIMS GIS 2003)
a. Calcified GB
b. Diabetes
c. Asymptomatic gall stones
d. Family history of gall stones

25. After surgery, there was 50 ml bile output from abdominal drain on 1st post-operative day. Management is:
a. Intrabiliary stent (JIPMER GIS 2011)
b. Immediate exploration
c. T-tube drainage
d. Observation *Ref: Blumgart 5/e p524-525*

26. Indication of cholecystectomy for gall stones disease is/are:
a. Asymptomatic gallstones with DM (PGI Nov 2011)
b. Porcelain gall bladder
c. Asymptomatic with history of single attack of acute pancreatitis
d. Asymptomatic gall stone disease
e. Symptomatic cholecystitis

27. Which of the following is the absolute contraindication for laparoscopic cholecystec-tomy: (MHSSMCET 2005)
a. Clotting factor deficiency
b. Perforation peritonitis
c. Empyema of the gallbladder
d. Adhesions *Ref: Blumgart 5/e p514)*

28. Contraindications of laparoscopic cholecystectomy is:
a. Coagulopathy (DNB 2011)
b. Obstructive pulmonary disease
c. End stage liver disease
d. All of the above

29. Which of the following is not an indication for cholecystectomy: (AIIMS May 2005)
a. 70-years old male with symptomatic gallstones
b. 20-years old male with sickle cell anaemia and symptomatic gallstones
c. 65-years old female with a large gallbladder polyp
d. 55-years old with an asymptomatic gallstone
Ref: Blumgart 5/e p518

30. A 45-years old female presents with symptoms of acute cholecystitis. On USG there is a solitary gallstone of size 1.5 cm. Symptoms are controlled with medical management. Which of the following is the next most appropriate step in the management of this patient: (All India 2008)
a. Regular follow up
b. IV Antibiotics
c. Laparoscopic cholecystectomy immediately
d. Open cholecystectomy immediately
Ref: Sabiston 19/e p1487-1488; Schwartz 9/e p1148; Bailey 25/e p1121; Blumgart 5/e p488-489; Shackelford 7/e p1316

31. Antegrade cholecstectomy: (PGI Dec 2000)
a. Starts from fundus
b. Starts from cystic duct identification
c. Starts from hilar dissection
d. Considered unsafe *Ref: Mastery of Surgery 5/e p1128*

32. A 69-years-old male patient having coronary artery disease was found to have gall bladder stones while undergoing a routine ultrasound of the abdomen. There was no history of biliary colic or jaundice at any time. What is the best treatment advice for such a patient for his gallbladder stones: (AIIMS Nov 2003, All India 2003)
a. Open cholecystectomy
b. Laparoscopic cholecystectomy

Ans.				
	16. a. Papillary	**17.** d. Excision of port sites…	**18.** b. Extended…	**19.** a. Adenocarcinoma
	20. a. Diabetes	**21.** b. and e	**22.** a. Erich Muhe	**23.** d. Adenomyomatosis
	24. a. Calcified GB	**25.** d. Observation	**26.** b. c. and e	**27.** a. Clotting factor deficiency
	28. d. All of the above	**29.** d. 55-years old…	**30.** c. Laparoscopic…	**31.** a. Starts from fundus

c. No surgery for gallbladder stones
d. ERCP and removal of gallbladder stones

Ref: Blumgart 5/e p486

33. The treatment of choice for silent gall bladder stones is: (All India 2002)
a. Observation
b. Chenodeoxycholic acid
c. Cholecystectomy
d. Lithotripsy

34. Features of healthy gallbladder on laparotomy are: (PGI Dec 2000)
a. Typical "sea-green" colored
b. Wall is thin and elastic
c. Cannot be emptied
d. Not easily visible

35. Contraindication for laparoscopic cholecystec-tomy is all except: (Kerala 2004)
a. Shrunken liver
b. Previous laparotomy
c. Emphysema
d. Obese individual

36. Most common malignancy after cholecystectomy is of: (PGI SS Dec 2005)
a. Colon
b. Stomach
c. Pancreas
d. Ileum

Ref: Maingot 11/e p628

37. Laparoscopic cholecystectomy is largely preferred for all of the following reasons to conventional laparotomy except: (SGPGI 2004)
a. Decrease pain
b. Decreased incidence of bile duct injuries
c. Smaller scar
d. Decreased stay in hospital

38. A 50-years old with history of jaundice in the past has presented with right upper quadrant abdominal pain. Examination and investigations reveal chronic calculous cholecystitis. The liver functions tests are with in normal limits and on ultrasound examination, the common bile ducts is not dilated. Which of the following will be the procedure of choice in her: (J and K 2005)
a. Laparoscopic cholecystectomy
b. Open choledocholithotomy with CBD exploration
c. ERCP + choledocholithotomy followed by laparoscopic cholecystectomy
d. Laparoscopic cholecystectomy followed by ERCP + choledocholithotomy

39. A 88-years male patients presented with end stage renal disease with coronary artery block and metastasis in the lungs. Now presents with acute cholecystitis, patient's relatives need treatment to do something: (UPPG 2008)
a. Open cholecystectomy
b. Tube cholecystostomy
c. Laparoscopic cholecystectomy
d. Antibiotics then elective cholecystectomy

40. An otherwise normal female presents with symptoms of flatulent dyspepsia. She was started on proton pump inhibitors, which controlled her symptoms. The next step in management of this condition should be: (All India 2008)
a. Immediate laparoscopic cholecystectomy
b. Laparotomy after 1 or 2 months
c. Wait and Watch
e. ERCP

41. In cholecystectomy, fresh plasma should be given: (UPPG 2008)
a. Just before operation
b. At the time of operation
c. 6 hours before operation
d. 12 hours after operation

42. Not a complication of gallstones: (JIPMER 2010)
a. Mucocele
b. Diverticulosis
c. Acute cholangitis
d. Empyema of the gall bladder

Ref: Sabiston 19/1486-1489; Bailey 26/1107, 25/1120; Blumgart 5/483-487)

43. True about gall stone disease: (PGI SS Dec 2009)
a. Acute cholecystitis presents with GB perforation
b. Acute cholecystitis presents with mucosal ulceration of GB
c. 80% cases of cholilithiasis are symptomatic
d. Mucocele of GB contains infected bile

Ref: Sabiston 19/e p1487-1488; Schwartz 9/e p1147; Bailey 26/e p1107, 25/e p1120; Blumgart 5/e p487-494; Shackelford 7/e p1315-1317

44. Gallstones may be complicated by which of the following: (PGI Dec 2001)
a. Pancreatitis
b. Choledocholithiasis
c. Acute cholecystitis
d. Carcinoma stomach
e. Carcinoma pancreas

45. Ursodeoxycholic acid is a: (PGI June 2006)
a. Urinary stone dissolving drug
b. Thrombolytic drug
c. Gall stone dissolving drug
e. Antifibrinolytic

Ref: Sabiston 19/e p1486; Blumgart 5/e p512; Harrison 18/e p2621)

46. In which condition, medical treatment of gall stone is indicated: (AIIMS Nov 2002, All India 2003)
a. Stone is <15 mm size
b. Radio opaque stone
c. Calcium bilirubinate stone
d. Non functioning gall bladder

47. Which one of the following statements is incorrect regarding gallbladder stones:
a. Pigment stones are due to increased excretion of conjugated bilirubin
b. Are considered a risk factor for the development of gallbladder carcinoma
c. 10% gallstones are radio-opaque
d. A mucocele of the gallbladder is caused by a stone impacted in Hartmann's pouch

Ans.				
	32. c. No surgery for…	**33.** a. Observation	**34.** a. and b	**35.** a. Shrunken liver
	36. a. Colon	**37.** b. Decreased incidence…	**38.** a. Laparoscopic…	**39.** b. Tube cholecystostomy
	40. c. Wait and Watch	**41.** a. Just before operation	**42.** b. Diverticulosis	**43.** b. Acute cholecystitis…
	44. a, b, and c	**45.** c. Gall stone dissolving drug	**46.** a. Stone is <15 mm size	**47.** a. Pigment stones are due....

48. Gall stones: (Orissa 2008)
a. Are about twice as common in men as in women
b. There is an increased incidence of stones in diabetics
c. About 80-90% of gall stones are radio-opaque
d. Are usually more than 50 mm in diameter

49. Regarding stones in gall bladder the following are true except: (Kerala 2000)
a. Mixed stones are common in the west
b. In Saint's triad diverticulosis of colon and hiatus hernia coexist
c. Is a risk factor in the development of GB carcinoma
d. 90% of GB stones are radioopaque
e. A mucocele of GB is caused by a stone impacted in the Hartmann's pouch

50. About gall stone, false is: (DPG 2006)
a. Intervention should be done if gall stones are present in the bile duct irrespective of the duct diameter
b. Operation should be done in most cases
c. Can be caused due to parasitic infestation
d. Can lead to cholecystitis

51. All of the following are associated with the gall stones except: (MCI March 2005)
a. Acute pancreatitis
b. Acute cholecystitis
c. Acute appendicitis
d. Acute cholangitis

52. Which of the following is a contraindication for medical management of gall stones?
a. Radio-opaque stones
b. Radioluscent stones
c. Normal functioning gall bladder
d. Small stones

53. Strong risk factor for developing symptomatic gall stones: (AIIMS GIS May 2008)
a. Rapid weight loss
b. BMI >30 kg/m2 with family history of gall stone
c. TPN
d. Fat, fertile female of fourty
Ref: Sabiston 19/e p1485-1486)

54. All of the following are essential for formation of gallstones except: (MHSSMCET 2008)
a. Bile stasis
b. Nucleation
c. Crystallization
d. Lithogenic bile
Ref: Sabiston 19/e p1485-1486; Schwartz 9/e p1144-1145; Bailey 26/e p1106-1107, 25/e p1119-1120; Blumgart 5/e p483-487; Shackelford 7/e p1298-1299; Harrison 18/e p2617)

55. All of the following are risk factors for gall stones except: (JIPMER GIS 2011)
a. Rapid weight loss
b. Diabetes mellitus
c. Pima Indians
d. TPN
Ref: Sabiston 19/e p1485-1486; Maingot 11/e p848

56. All are true about pigmented stones except:
a. Seen in cholangiohepatitis (AIIMS GIS Dec 2006)
b. Secondary CBD stones
c. Primary CBD stones
d. More common in Asians
Ref: Sabiston 19/e p1485-1486; Schwartz 9/e p1145; Bailey 26/e p1106-1107, 25/e p1120; Blumgart 5/e p483-487; Harrison 18/e p2618)

57. False about brown pigmented stones:(AIIMS GIS May 2008)
a. Associated with disorders of biliary motility and associated bacterial infection
b. More common in Caucasians
c. Soft and earthy in texture
d. High content of cholesterol and calcium palmitate

58. Which of the following is not an indication for cholecystectomy: (ILBS 2011)
a. GB polyp with stone
b. Asymptomatic polyp >1 cm
c. Multiple GB polyps
d. Symptomatic GB polyps
Ref: Sabiston 19/e p1505; Bailey 26/e p1109, 25/e p1122; Blumgart 5/e p751; Shackelford 7/e p1364

59. Stone formation in gall bladder is enhanced by all expect:
a. Clofibrate therapy (All India 2000)
b. Ileal resection
c. Cholestyramine therapy
d. Vagal stimulation
Ref: Sabiston 19/e p1485-1486; Bailey 26/e p1107, 25/e p1120; Harrison 18/e p2617

60. Gallbladder stone formation in influenced by all except:
a. Clofibrate therapy (All India 2006)
b. Hyper alimentation
c. Primary biliary cirrhosis
d. Hypercholesterolemia

61. Incidence of gall stone is high in: (AIIMS Nov 2008)
a. Partial hepatectomy
b. Ileal resection
c. Jejunal resection
d. Subtotal gastrectomy

62. True statement about gall stones are all except: (AIIMS Nov 2001)
a. Lithogenic bile is required for stone formation
b. May be associated with carcinoma gallbladder
c. Associated with diabetes mellitus
d. More common in males between 30-40 years of age

63. Which among the following does not lead to pigment gallstones: (PGI June 2000)
a. TPN
b. Clonorchis sinensis
c. Hemolytic anemia
d. Alcoholic cirrhosis

Ans.
48. b. There is an… **49.** d. 90% of GB stones… **50.** b. Operation should… **51.** c. Acute appendicitis
52. a. Radio-opaque… **53.** b. BMI >30 kg/m2 with… **54.** c. Crystallization **55.** b. Diabetes mellitus
56. b. Secondary CBD… **57.** b. More common in… **58.** c. Multiple GB polyps **59.** d. Vagal stimulation
60. d. Hypercholest… **61.** b. Ileal resection **62.** d. More common in… **63.** a. TPN

64. True about gall stones: (PGI Dec 2002)
a. More common in females
b. Gall stones, hiatus hernia, CBD stones form Saints triad
c. Limey bile precipitated
d. Lithotripsy always done

65. All are component of Saint's triad except: (AIIMS Nov 2003)
a. Renal stones
b. Hiatus hernia
c. Diverticulosis of colon
d. Gall stones

66. Commonest type of gall stone is: (DNB 2011, Kerala 2009)
a. Cholesterol stone
b. Pigment
c. Mixed
d. All are equally common *Ref: Bailey 25/e p1120)*

67. Percentage of gall stones which are radio opaque: (JIPMER 2007)
a. 10%
b. 20%
c. 30%
d. 50%
e. 80%

68. A gall stone gets impacted most commonly in which part of common bile duct: (JIPMER 2006)
a. Supraduodenal
b. Retroduodenal
c. Ampulla of vater
d. Common hepatic duct *Ref: digestive.niddk.nih.gov*

69. Incidence of gall stone disease is increased in: (All India 2005)
a. Truncal vagotomy
b. Jejunal resection
c. Ileal resection
d. Right hemicolectomy

70. Gallstones do not contain: (JIPMER 81, AMU 2004)
a. Oxalate
b. Cholesterol
c. Phosphate
d. Carbonate

71. Cholesterol gall stones are due to: (JIPMER 2002)
a. Decreased motility of gall bladder
b. Hypo secretion of bile salts
c. Hypercholesterolemia
d. All of the above

72. True color of cholesterol stone is: (DNB 2012)
a. Black
b. Brown
c. Dark Yellow
d. Pale Yellow

73. The predominant constituent of the pale yellow gall stones in the gall bladder is: (ComedK 2007)
a. Mucin glycoprotein
b. Calcium carbonate
c. Cholesterol
d. Calcium phosphate

74. Most common type of gallstone in India is: (MCI March 2009)
a. Cholesterol
b. Pigment
c. Mixed
d. Both A and C

Ref: Bailey 26/e p1106, 25/e p1120)

75. Calculous cholecystitis is associated with all of the following except: (MCI March 2005)
a. Oral contraceptives
b. Estrogen
c. Obesity
d. Diabetes

76. Which is true about gall stones: (Punjab 2010)
a. Pigment stones are most common
b. Bacterial nidus of infection may be seen
c. Even if asymptomatic gall bladder should be removed
d. They are mostly solitary

Ref: www.ncbi.nlm.nih.gov/pubmed/2213913)

77. By definition pigment stone contain how much % of cholesterol: (MHSSMCET 2005)
a. <10
b. <20
c. <30
d. <60

Ref: Bailey 26/e p1106, 25/e p1120

78. In gall stone ileus, obstruction is seen at: (AIIMS GIS Dec 2009)
a. Jejunum
b. Proximal ileum
c. Distal ileum
d. Colon

Ref: Sabiston 19/e p1500; Blumgart 5/e p649-655; Shackelford 7/e p865

79. All are true about gall stone ileus except: (AIIMS GIS 2003)
a. May be diagnosed with abdominal X-ray
b. Most common fistula is to duodenum
c. Tumbling obstruction
d. Cholecystectomy should be done in same episode

80. False about gall stone ileus: (AIIMS GIS May 2008)
a. 90% patients give history of biliary disease
b. Causes 1% of all SBO; around 25% cases in >70 years
c. Tumbling obstruction
d. Fistula is mostly formed between duodenum and gall bladder

81. Most common site of fistula in gall stone ileus is between: (AIIMS GIS Dec 2006)
a. GB and duodenum
b. GB and transverse colon
c. GB and stomach
d. GB and ileum

82. Rigler's triad consists of: (PGI May 2011, Nov 2009)
a. Intestinal obstruction
b. Gas in bile duct
c. Cholangitis
d. Ectopic gall stone
e. Biliary stenosis

Ans.
64. a. More common…
65. a. Renal stones
66. c. Mixed
67. a. 10%
68. c. Ampulla of vater
69. a. Truncal… c. Ileal…
70. a. Oxalate
71. d. All of the above
72. d. Pale yellow
73. c. Cholesterol
74. b. Pigment
75. d. Diabetes
76. b. Bacterial nidus of…
77. c. <30
78. c. Distal ileum
79. d. Cholecystectomy…
80. a. 90% patients…
81. a. GB and duodenum
82. a, b, and d

83. The commonest site of obstruction in gall stone ileus is: (All India 2001, 2002)
- a. Proximal ileum
- b. Distal ileum
- c. Ileocecal junction
- d. Transverse colon

84. Most common site of gall stone impaction is: (All India 2001)
- a. Duedenojejunal junction
- b. Proximal to iliocaecal junction
- c. Distal to iliocaecal junction
- d. Colon

85. The most common site of intestinal obstruction in gallstone ileus is: (AIIMS May 2005, All India 2004)
- a. Duodenum
- b. Jejunum
- c. Ileum
- d. Sigmoid colon

86. Internal fistula is most common between gallbladder and: (AIIMS June 2006)
- a. Colon
- b. Duodenum 1st part
- c. Jejunum
- d. Transverse colon

87. The treatment of gall stone ileus is: (PGI June 2003, UPSC 2008)
- a. Cholecystectomy alone
- b. Removal of obstruction
- c. Cholecystectomy, closure of fistula and removal of stone by enterotomy
- d. Cholecystectomy with closure of fistula

88. Investigation of choice in acute cholecystitis: (PGI Dec 2005)
- a. OCG
- b. HIDA scan
- c. USG
- d. CT

Ref: Sabiston 19/e p1487; Schwartz 9/e p1146; Bailey 26/e p1100-1101, 25/e p1113-1114; Shackelford 7/e p1303, 1306

89. Seagull sign is seen is: (MHSSMCET 2006)
- a. Gall stones
- b. Renal stones
- c. CBD stones
- d. Hydatid cyst

Ref: Bailey 26/e p1099, 25/e p1112

90. Which is not required for visualization of gall bladder in oral cholecystograph: (AIIMS Nov 2007, All India 2008)
- a. Functioning liver
- b. Motor mechanisms of gall bladder
- c. Patency of cystic duct
- d. Ability to absorb water

Ref: Schwartz 9/e p1141; Bailey 26/e p1100, 25/e p1113

91. Best investigative modality for gall bladder: (PGI 2009)
- a. OCG
- b. PTC
- c. Ultrasound
- d. Intravenous cholangiogram

Ref: Sabiston 19/e p1481; Schwartz 9/e p1140; Bailey 26/e p1100, 25/e p1113-1114; Blumgart 5/e p223; Shackelford 7/e p1303

92. Graham Cole test refers to: (AIIMS 2000, AP 2004)
- a. Oral cholecystography
- b. Intravenous cholangiography
- c. Pre-operative cholangiography
- d. Post-operative cholangiography
- e. Tomography

93. Investigation of choice in gall bladder stone is: (Kerala 2005)
- a. USG
- b. X-ray abdomen
- c. OCG
- d. Intravenous cholangiogram

94. The substance used in OCG is: (PGI 2000, Kerala 2007)
- a. Iopanoic acid
- b. Sodium diatrozite
- c. Meglumine iodothalamate
- d. Biligraffin
- e. Dianosil

95. Dye used in IV cholangiography is: (PGI 2005)
- a. Diansoil
- b. Conray
- c. Biligraffin
- d. Myodil

96. Investigation of choice in suspected gall bladder stone is: (UPPG 2010, MCI March 2010)
- a. Ultrasound
- b. X-ray
- c. Barium study
- d. Oral cholecystography

97. Investigation for assessing proper functioning of biliary system: (MCI March 2007)
- a. USG
- b. CT scan
- c. HIDA scan
- d. All of the above

Ref: Sabiston 19/e p1482; Schwartz 9/e p1141; Bailey 26/e p1101, 25/e p1114; Blumgart 5/e p254-270; Shackelford 7/e p1306

98. Best way to diagnose gall bladder stones: (MCI March 2007)
- a. USG
- b. Oral cholecystography
- c. Percutaneous transhepatic cholangiography
- d. Intravenous cholangiogram

99. Investigation of choice for acute cholecystitis: (MCI March 2010)
- a. Plain Radiography
- b. USG
- c. CT scan
- d. Barium studies

100. All are true about acute acalculous cholecystitis except: (AIIMS GIS May 2011)
- a. Distended GB is seen in scintigraphy
- b. Vascular cause
- c. Seen in bed ridden patients
- d. Rapid course

Ref: Sabiston 19/e p1501-1502; Schwartz 9/e p1154; Bailey 26/e p1108, 25/e p1122; Blumgart 5/e p491-492; Shackelford 7/e p1315-1316

Ans.
83. b. Distal ileum
84. b. Proximal to iliocaecal…
85. c. Ileum
86. b. Duodenum 1st part
87. b. Removal of…
88. c. USG
89. a. Gall stones
90. b. Motor mechanisms…
91. c. Ultrasound
92. a. Oral cholecystography
93. a. USG
94. a. Iopanoic acid
95. c. Biligraffin
96. a. Ultrasound
97. c. HIDA scan
98. Ans. a. USG
99. b. USG
100. a. Distended GB is…

101. Acalculous cholecystitis can be seen in all except:
a. Dengue hemorrhagic fever
b. Malaria (Punjab 2008, AIIMS Nov 2005)
c. Leptospirosis
d. Enteric fever

102. Acalculous cholecystitis are caused by:
a. DM
b. TPN (PGI Dec 2006, Dec 2001)
c. Leptospirosis
d. Estrogen therapy *Ref: Harrison 18/e p2622*

103. Acalculous cholecystitis is caused by: (PGI Dec 2001)
a. Diabetes mellitus
b. Total parenteral nutrition
c. Tuberculosis
d. Anemia
e. Malignancy

104. Which of the following statements about acalculous cholecystitis is incorrect: (DPG 2009 March)
a. Manifestation of disturbed microcirculation in critically ill patient
b. Prolonged parenteral nutrition can be causative
c. It is life threatening condition
d. Cholecystectomy is not indicated

105. Indications of cholecystectomy in GB polyp removal are all except: (ILBS 2012)
a. Size >1 cm
b. With stone
c. >3 in number
d. Locally invasive
Ref: Sabiston 19/e p1505; Bailey 26/e p1109, 25/e p1122; Blumgart 5/e p751; Shackelford 7/e p1364

106. Risk factors associated with malignancy in GB polyp are all except: (JIPMER GIS 2011)
a. Age >60 years
b. Co-existence of gall stones
c. Size >5 mm
d. Documented increase in size
Ref: Sabiston 19/e p1505

107. Risk factors for malignant change in an asymptomatic patient with a gall bladder polyp on ultrasound include all of the following, except: (AIIMS May 2011, All India 2009)
a. Age >60 years
b. Rapid increase in size of polyp
c. Size of polyp >5mm
d. Associated gall stones

108. False about GB polyps: (AIIMS GIS May 2008)
a. Adenomyomatosis <1 cm, pedunculated
b. Cholesterol polyps are most common
c. Symptomatic polyps are indication for cholecystectomy
d. Polyp with stone is an increased risk of malignancy

109. On abdominal ultrasound gall bladder shows diffuse wall thickening with hyperechoic nodules at neck and comet tail artifacts. The most likely diagnosis will be:
a. Adenomyomatosis (AIIMS May 2011)
b. Adenocarcinoma of gall bladder
c. Xanthogranulomatous cholecystitis
d. Cholesterol crystals
Ref: Sabiston 19/e p1505; Bailey 26/e p1109, 25/e p751, 1122; Shackelford 7/e p1364

110. All of the following are risk factors for CA GB except:
a. Gall stones (JIPMER GIS 2011)
b. Adenomyomatosis
c. Porcelain gall bladder
d. Choledochal cyst

111. All of the following statements about Xanthogranulomatous inflammation are true except: (NEET Pattern)
a. Foam cells are seen
b. Yellow nodules are seen
c. Multinucleated giant cells are seen
d. Associated with tuberculosis
Ref: www.medscape.com/viewarticle/449665

112. Acute emphysematous cholecystitis is caused by:
a. Pseudomonas aeuroginosa (JIPMER 2010)
b. Staphylococcus
c. Clostridium perfringens
d. Streptococcus pyogenes
Ref: Sabiston 19/e p1487; Blumgart 5/e p492

113. All of the following are correct regarding emphysematous cholecystitis except: (NEET Pattern, DNB 2010)
a. More common in males
b. More common in diabetics
c. In many cases the gall bladders does not contain stone
d. It is caused most commonly by Pseudomonas

114. Type II Mirizzi's syndrome:
a. Obstruction of common duct by external compression only (no erosion)
b. Erosion of one-third circumference of common duct
c. Erosion of up to two-third circumference of common duct
d. Total/near total circumferential destruction of common duct
Ref: Sabiston 19/e p1503; Schwartz 9/e p1147, 1156; Blumgart 5/e p493; Shackelford 7/e p1370)

115. Mirizzi syndrome is: (DNB 2011)
a. GB stone compressing common hepatic duct
b. GB carcinoma invading IVC
c. GB stone causing cholecystitis
d. Pancreatic carcinoma

116. Cholesterosis is: (Karnataka 2008)
a. Disease of defective metabolism of choline
b. Concerned with epithelial tumors of brain
c. Diffuse deposition of cholesterol in mucosa of gall bladder
d. Disease concerned with obstructive jaundice
Ref: Bailey 26/e p1108, 25/1122)

117. True about CA GB and gall stones: (GB Pant 2011)
a. 3% association
b. 30% association
c. 50% association
d. 90% association *Ref: Blumgart 5/e p742*

Ans.
101. b. Malaria
102. a, b, and c. Leptospirosis
103. a. and b. Total…
104. d. Cholecystectomy is…
105. c. >3 in number
106. c. Size >5 mm
107. c. Size of polyp > 5 mm
108. a. Adenomyomatosis…
109. a. Adenomyomatosis
110. b. Adenomyomatosis
111. d. Associated with…
112. c. Clostridium perfringens
113. d. It is caused most…
114. b. Erosion of one-third…
115. a. GB stone…
116. c. Diffuse deposition of…
117. Ans. d. 90%…

118. Precancerous lesions of GB are all except: (AIIMS GIS Dec 2010)
a. Porcelain GB
b. Typhoid carrier
c. ABPDJ
d. Biliary ascariasis *Ref: Blumgart 5/e p742*

119. Organism associated with fish consumption and also causes carcinoma gallbladder: (AIIMS Nov 2012, AIIMS Nov 2010)
a. Gnathostoma
b. Anglostrongyloidosis cantonensis
c. Clonorchis sinensis
d. H. dimunata *Ref: www.ncbi.nlm.gov/pubmed/3993073*

120. Risk factor for carcinoma gall Bladder: (PGI Nov 2011)
a. Female sex
b. Choledochal cysts
c. Xanthogranulomatous cholecystitis
d. Calcification of gall bladder
e. Gall stone

121. All are risk factors for CA GB except: (GB Pant 2011)
a. Adenomyosis
b. ABPDJ
c. Gall stones
d. Adenomatous polyps

122. All of the following are risk factors for carcinoma gall bladder, except: (AIIMS June 2004)
a. Typhoid carriers
b. Adenomatous gall bladder polyps
c. Choledochal cyst
d. Oral contraceptives

123. Precancerous lesion of gall bladder is: (AIIMS June 2003)
a. Porcelain gall bladder
b. Mirizzi's syndrome
c. Cholesterosis
d. Acalculous Cholecystitis

Ref: Sabiston 19/e p1481, 1506; Schwartz 9/e p1143; Bailey 26/e p1116, 25/e p1122; Blumgart 5/e p742; Shackelford 7/e p1364

124. Bile is concentrated in the gall bladder to .... times: (PGI 2006)
a. 5
b. 10
c. 20
d. 50

Ref: Sabiston 19/e p1476-1478; Schwartz 9/e p1136; Bailey 26/e p1097-1098, 25/e p1111-1112; Blumgart 5/e p43; Shackelford 7/e p1288-1290

125. The gall bladder is capable of distending… ml: (PGI 2007)
a. 10
b. 20
c. 40
d. 50

126. Sentinel node of gallbladder is: (MAHE 2006)
a. Virchow's nodes
b. Iris nodes
c. Clouquet node
d. Lymph node of Lund

127. Factors associated with gallbladder carcinoma: (PGI June 2005)
a. Chronic cholesterol stone
b. Hyperlipidemia
c. Chronic gall bladder disease
d. Hepatitis
e. Porcelain gall bladder

128. A 40-years old woman has undergone a cholecystectomy. The histopathology reveals that she has a 3 cm adenocarcinoma in the body of the gallbladder infiltrating upto the serosa. Which of the following further management would you advise her: (AIIMS Nov 2004)
a. Chemotherapy
b. Radiotherapy
c. Radical cholecystectomy
d. Follow up with regular ultrasound examinations

129. Regarding carcinoma gallbladder: (PGI June 2002)
a. Squamous cell carcinoma is the most common
b. Present with jaundice
c. Good prognosis
d. Gallstones predispose
e. 65% survival after surgery

130. Commonest association seen in carcinoma gall bladder: (AIIMS 2008)
a. Peritoneal deposits
b. Duodenal infiltration
c. Secondaries to liver
d. Cystic node involvement

131. Most common type of cancer gall bladder in a patient with gallstone: (APPG 2005)
a. Adenocarcinoma
b. Squamous carcinoma
c. Sarcoma
d. None

132. In a male after laparoscopic cholecystectomy, specimen is sent for histopathology which shows carcinoma gallbladder stage IB. Appropriate management is: (AIIMS Nov 2008)
a. Conservative and follow up
b. Extended cholecystectomy
c. Excision of all port sites
d. Radiotherapy

133. All of the following are false for carcinoma gall bladder except: (MCI March 2010)
a. Carries a good prognosis
b. Gallstones may be a predisposing factor
c. Commonly squamous cell carcinoma
d. Jaundice is rare

134. The treatment of choice for a mucocele of gall bladder is: (AIIMS June 2004)
a. Aspiration of mucous
b. Cholecystectomy
c. Cholecystostomy
d. Antibiotics and observation

Ref: Bailey 26/e p1107-1108, 25/e p1120, 1122; Harrison 18/e p2622

135. Indications of prophylactic cholecystectomy are all except: (ILBS 2012)
a. Diabetes
b. Hemoglobinopathy
c. Gall stone size >3 cm
d. Porcelain GB

Ref: Blumgart 5/e p486, 513; Shackelford 7/e p1316

Ans.

118. d. Biliary ascariasis	**119.** c. Clonorchis sinensis	**120.** b, d, and e	**121.** a. Adenomyosis
122. d. Oral contraceptives	**123.** a. Porcelain gall bladder	**124.** a. 5, b. 10	**125.** d. 50
126. d. Lymph node…	**127.** a, c, and e	**128.** c. Radical…	**129.** b.and d
130. c. Secondaries to liver	**131.** a. Adenocarcinoma	**132.** b. Extended…	**133.** b. Gallstones may be…
134. b. Cholecystectomy	**135.** a. Diabetes		

D. BILE DUCT

1. **Best investigation for bilhemia is:** (JIPMER GIS 2011)
   a. ERCP
   b. MRCP
   c. CT
   d. EUS

Ref: Sabiston 19/e p1469; Blumgart 5/e p1843-1844; Shackelford 7/e p1488

2. **All are true about bilhemia except:** (AIIMS GIS May 2008)
   a. Biliary pressure >portal pressure
   b. Diagnosed by ERCP
   c. Death due to embolism of bile in lungs
   d. Patient has hyperbilirubinemia with raised enzymes

3. **False statement about common bile duct:** (PGI May 2011)
   a. Lies in free margin of lesser omentum
   b. Anterior to first part of duodenum
   c. Right to hepatic artery
   d. Anterior to portal vein
   e. Open in second part of duodenum

Ref: BDC 4th/vol-II/275-276; Snell's 8/e p250; Sabiston 19/e p1476-1480; Schwartz 9/e p1137-1138; Bailey 26/e p1097, 25/e p1111; Blumgart 5/e p43-47; Shackelford 7/e p1290-1293

4. **True regarding common bile duct is all except:**
   a. Opens 10 cm distal to the pylorus (All India 2000)
   b. Lies anterior to I.V.C
   c. Portal vein lies posterior to it
   d. Usually opens into duodenum separate from the main pancreatic duct

5. **Which of the following statement is true regarding the relation of bile duct:** (PGI Dec 2005)
   a. Posteriorly related to 1st part of duodenum
   b. Related posteriorly to the tunnel of pancreatic head
   c. Anteriorly related to 1st part of duodenum
   d. Related to IVC posteriorly
   e. It lies left to hepatic artery in the free border of lesser omentum

Ref: BDC 4th/vol-II/275-276; Snell's 8/e p250; Sabiston 19/e p1476-1480

6. **Predominant blood supply to the supraduodenal bile duct is derived from:** (All India 2012)
   a. Vessels that run upward along the bile duct from the duodenal end of the duct such as the retro-duodenal and gastroduodenal arteries
   b. Vessels that run downward along the bile duct from the hepatic end of the duct such as the right hepatic artery
   c. Vessels that arise from the hepatic artery proper run up along the CBD and supplies it with twigs in non-axial distribution
   d. Vessels that arise from the cystic artery

Ref: BDC 4th/vol-II/275-276; Snell's 8/e p250; Sabiston 19/e p1476-1480

7. **All of the following conditions are associated with pneumobilia except:**
   a. Sphincterotomy
   b. Rupture of hydatid cyst
   c. Mirizzi's syndrome
   d. Gall stone ileus

Ref: Sabiston 18/e p1570; Bailey 25/e p1190

8. **Pneumobilia is seen in:** (DNB 2001)
   a. Gall stone ileus
   b. Mirizzi's syndrome
   c. TPN
   d. Volvulus

9. **Normal length of CBD is:** (DNB 2001)
   a. 7 cm
   b. 5 cm
   c. 3 cm
   d. 2 cm

Ref: Grays 39/e p1228

10. **Which of the following is true regarding the principle of use of MRCP:** (AIIMS Nov 2012)
    a. Intraluminal dye is used to create the three dimension view of the structures
    b. Dye is instilled percutaneously first then MRI is used
    c. Use of heavily T2-weighted image without contrast to create the three dimensional image of the biliary tree using MIP algorithm
    d. Use of systemic Gadolinium as a contrast agent to create the three dimensional image of the biliary tree

Ref: Blumgart Surgery of Liver, Biliary Tract and Pancreas 5/e p315-315

11. **Non-resectability criteria in hilar cholangio-carcinoma are all except:** (ILBS 2012)
    a. Involvement of secondary biliary radicals bilaterally
    b. Metastasis to celiac nodes
    c. Involvement of right branch of portal vein
    d. Contralateral involvement of bile duct

Ref: Sabiston 19/e p1508-1512; Schwartz 9/e p1162; Bailey 26/e p1114-1116, 25/e p1128-1129; Blumgart 5/e p771-788; Shackelford 7/e p1370-1378)

12. **Type II cholangiocarcinoma involve:** (DNB 2011)
    a. Division of both ducts and not extending outside
    b. Common hepatic duct only
    c. Secondary hepatic duct
    d. Extending beyond hilum

13. **All are true about prognosis of cholangio-carcinoma except:** (AIIMS GIS 2003)
    a. Scirrhous type has better prognosis than papillary
    b. Major prognostic factors are margin status and tumor stage
    c. Bile duct resection alone is associated with high chances of recurrence
    d. Curative resection includes hepatic resection + bile duct resection + lymphadenectomy

Ans.
1. a. ERCP
2. d. Patient has…
3. b. Anterior to first…
4. d. Usually opens into…
5. c. Anteriorly related to…
6. a. Vessels that run…
7. b. Rupture of hydatid cyst
8. a. and b.
9. a. 7 cm
10. c. Use of heavily…
11. c. Involvement of right…
12. a. Division of both…
13. a. Scirrhous type has…

14. Klatskin tumor is: (JIPMER 2010)
a. Merkel cell carcinoma of skin
b. Primitive neuroectodermal tumor of chest wall
c. Common hepatic duct tumor
d. Adenocarcinoma of anal canal

15. Most common site of cholangiocarcinoma: (AIIMS Nov 2011, May 2011, Nov 2008)
a. Distal biliary duct
b. Hilum
c. Intrahepatic duct
d. Multifocal

16. True regarding cholangiocarcinoma: (PGI SS Dec 2010)
a. Sclerosing variety is most common
b. Multifocal in 40%
c. Jaundice typically precedes pruritus
d. Adjuvant therapy improves survival

17. Cholangiocarcinoma histologically resembles:
a. Squamous cell type (AIIMS 2002)
b. Colloid cell type
c. Schirrhous type
d. Columnar cell type

18. All are criteria of non-resectability in patients with hilar cholangiocarcinoma except: (JIPMER GIS 2011)
a. Hepatic duct involvement upto secondary radicals bilaterally
b. Encasement or occlusion of main portal vein proximal to its bifurcation
c. Atrophy of one lobe with encasement of contralateral portal vein branch
d. Atrophy of one lobe with ipsilateral involvement of secondary biliary radicals

19. Contraindication of resection in cholangio-carcinoma are all except: (ILBS 2011)
a. Involvement of main trunk of portal vein
b. Hepatic atrophy with contralateral bile duct encasement
c. Hepatic atrophy with contralateral portal vein encasement
d. Hepatic atrophy with ipsilateral bile duct involvement

20. Which of the following are histopathological features of Extra hepatic biliary atresia: (PGI June 2001)
a. Bile lakes
b. Hepatocyte ballooning degeneration
c. Marked bile duct degeneration
d. Fibrosis of hepatic duct
e. Parenchymal cholestasis

Ref: Sabiston 19/e p1852-1853; Schwartz 9/e p1438-1440; Bailey 26/e p1104-1105, 25/e p1118-1119; Blumgart 5/e p595-603; Shackelford 7/e p1390-1396

21. The gold standard for the definitive diagnosis of the extrahepatic biliary atresia is: (AIIMS Nov 2002)
a. Per-operative cholangiography
b. Hepatobiliary scintigraphy
c. Alkaline phosphatase level
d. Liver biopsy

Ref: Sabiston 19/e p; Schwartz 9/e p1439; Bailey 25/e p1118-1119; Blumgart 5/e p598; Shackelford 7/e p1392

22. Better prognostic factor for operation of biliary duct obstruction in newborn are: (PGI June 2001)
a. No passage of bile
b. Size of ductule >200 micron
c. Weight of baby >3 kg
d. Preterm baby
e. Age of 8 weeks

Ref: Blumgart 5/e p600; Shackelford 7/e p1394

23. Kasai's procedure is the treatment of choice for:
a. Congenital hypertrophic pyloric stenosis (Orissa 2011)
b. Duodenal atresia
c. Biliary atresia
d. Hirschprung's disease

24. Most common cause of gall bladder fistula is: (DPG 2008)
a. Liver abscess aspiration
b. Laparoscopic surgery
c. Gallstones
d. Trauma *Ref: Blumgart 5/e p645-669; Shackelford 7/e p1385*

25. Which does not contribute to enterobiliary fistula:
a. Gastric ulcer (Punjab 2008)
b. Duodenal ulcer
c. Carcinoma gall bladder
d. Gall stones *Ref: Blumgart 5/e p644-657*

26. A surgeon with less experience of laparoscopic cholecystectomy while doing laparoscopic surgery found some stone in CBD. What should he ideally do:
(AIIMS Nov 2011, AIIMS GIS Dec 2010)
a. Open cholecystectomy with choledochoduodeno-stomy
b. Lap CBD exploration and stone removal
c. Lap CBD exteraction through the cystic duct
d. Convert to open cholecystectomy and CBD stone removal

Ref: Shackelford 7/e p1326-1331

27. Choledochotomy is indicated in all of the following except in patients with: (COMEDK 2010)
a. Palpable CBD stones
b. History of jaundice or cholangitis
c. Abnormal alkaline phosphatase
d. Abnormal gamma glutamyl transferase

28. Best suture for common bile duct is: (JIPMER 2003)
a. Synthetic absorbable
b. Synthetic non-absorbable
c. Non-synthetic absorbable
d. Non-synthetic non-absorbable

Ref: Shackelford 7/e p2222-2224

29. After exploration of common bile duct, the T-tube is removed on which of the following days: (Karnataka 2006)
a. 3rd postoperative day
b. 4th postoperative day
c. 12th postoperative day
d. 6th postoperative day

Ans.
14. c. Common hepatic…
15. b. Hilum
16. a. Sclerosing variety…
17. c. Schirrhous type
18. d. Atrophy of one…
19. d. Hepatic atrophy with…
20. c, d, and e.
21. d. Liver biopsy
22. e. Age of 8 weeks
23. c. Biliary atresia
24. c. Gallstones
25. a. Gastric ulcer
26. d. Convert to open…
27. d. Abnormal gamma…
28. a. Synthetic absorbable
29. c. 12th postoperative day

30. Cholangiography via T-tube done after how many days of cholecystectomy: (TN 2009)

a. 1-5 days
b. 5-9 days
c. 10-14 days
d. 15-20 days

31. After cholecystectomy a 2.5 cm calculus was found in CBD, treatment for this should be: (MHSSMCET 2006)

a. Supraduodenal choledochotomy
b. Transduodenal choledochotomy
c. Dormia basket removal
d. Choledochotomy and T tube

32. A retained stone impacted in distal common bile duct is seen on T- tube cholangiogram. What is the best management of stone? (UPSC 2004)

a. Dissolution therapy
b. Operative removal
c. Endoscopic sphincterotomy and stone extraction
d. No active treatment is required

33. Most common complication of common bile duct exploration: (DPG 2008)

a. Retained stone
b. Pancreatitis
c. Stricture of common bile duct
d. T-tube displacement

Ref: Sabiston 19/e p1489, 18/e p1561

34. Endoscopic sphincterotomy is not successful in the following except? (MHSSMCET 2008)

a. Multiple duodenal diverticuli
b. Choledocholithiasis
c. Billroth type II Gastrostomy
d. None

35. ERCP failure occurs in following except:

a. Smaller stone in CHD (MHSSMCET 2008)
b. Stenosis of papilla
c. High stricture
d. Malignant obstruction

36. Choledochal cyst in intrahepatic biliary tree:

a. I (AIIMS GIS Dec 2006)
b. II
c. IVa
d. IVb

Ref: Sabiston 19/e p1503-1505; Schwartz 9/e p1155; Bailey 26/e p1106, 25/e p1119; Blumgart 5/e p707-719; Shackelford 7/e p1397-1403

37. Caroli's disease is: (AIIMS GIS Dec 2006)

a. Type I choledochal cyst
b. Type III choledochal cyst
c. Type IV choledochal cyst
d. Type V choledochal cyst

Ref: Sabiston 19/e p1504-1505; Schwartz 9/e p1119; Bailey 26/e p1106, 25/e p1119; Blumgart 5/e p717; Shackelford 7/e p1402-1403

38. According to to Alonso-Lej classification, type IVb is:

a. Both extra and intra-hepatic duct dilatation
b. Extra-hepatic duct dilatation (JIPMER GIS 2011)
c. Intra-hepatic duct dilatation
d. Sub-hepatic duct dilatation

39. Central dot sign is seen in: (ILBS 2012)

a. Caroli's disease
b. FNH
c. Hemangioma
d. Hepatic adenoma

40. True about Todani's modification of Alonso-Lej classification include the following except:

a. Type I = saccular dilation of common bile duct
b. Type II = diverticulum of supraduodenal bile duct
c. Type IVa = choledochocele (MHSSMCET 2008)
d. Type IVb = multiple saccular dilatations of extrahepatic ducts only

41. Most commonly seen choledochal cyst: (PGI May 2011)

a. Type I
b. Type II
c. Type III
d. Type IVa
e. Type V

42. Saccular diverticulum of extrahepatic bile duct in choledochal cyst is classified as: (ComedK 2009)

a. Type I
b. Type II
c. Type III
d. Type IV

43. What is the treatment of choice for choledochal cyst?

a. Excision of cyst (MHSSMCET 2005)
b. Cystojejunostomy
c. Choledochocystectomy
d. Cystoduodenostomy

44. Reconstructive surgery for choledochal cyst is not done in:

a. Type I (MHSSMCET 2009)
b. Type II
c. Type III
d. Type IV

45. Choledochal cyst: (AIIMS GIS 2003)

a. Resection decreases the incidence of malignancy but risk persists
b. 80% cases have stones
c. Treated by Roux-en-Y cystojejunostomy
d. Type IV is most common

Ref: Sabiston 19/e p1505; Bailey 26/e p1106, 25/e p1119; Blumgart 5/e p713; Shackelford 7/e p1399

46. Treatment of choice in choledochal cyst: (AIIMS GIS 2003)

a. Roux-en-Y hepaticojejunostomy
b. Cystojejunostomy
c. Choledochoduodenostomy
d. Choledochojejunostomy

Ans.
30. b. 5-9 days **31.** a. Supraduodenal… **32.** c. Endoscopic… **33.** a. Retained stone
34. b. Choledocholithiasis **35.** a. Smaller stone in CHD **36.** c. IVa **37.** d. Type V choledochal cyst
38. b. Extra hepatic… **39.** a. Caroli's disease **40.** c. Type… **41.** a. Type I
42. b. Type II **43.** a. Excision of cyst **44.** c. Type III **45.** a. Resection decreases…
46. a. Roux-en-Y…

47. A 10 years female presents with pain in the right hypochondrium, fever, jaundice and a palpable mass in the right hypochondrium the probable diagnosis is:
a. Hepatitis
b. Hepatoma (ComedK 2011)
c. Choledochal cyst
d. Mucocele gall bladder

48. True about choledochal cyst is: (AIIMS Sep 2006)
a. Always extrahepatic
b. Treatment is cystojejunostomy
c. Excision is ideal treatment
d. Drainage is treatment of choice

49. Not true regarding choledochal cyst: (AIIMS Nov 2005)
a. Epigastric mass
b. Jaundice
c. Pain in abdomen
d. Cystojejunostomy is treatment of choice

50. In case of choledochal cyst, bile diversion into the small intestine is not done because of the risk of:
a. Malignancy
b. Pancreatitis
c. Recurrent cholangitis
d. Gall stones

51. Clinical features of choledochal cyst in adult are:
a. Pain, lump and intermittent jaundice (UPSC 2004)
b. Pain, fever and intermittent jaundice
c. Pain, lump and progressive jaundice
d. Pain, fever and progressive jaundice

52. Choledochal cyst develops due to: (DNB 2006)
a. Stenosis of sphincter
b. Dysfunction of long circular fibre
c. Congenital
d. Iatrogenic

53. Choledochal cyst: (DPG 2006)
a. Mostly presents in adulthood
b. Excision is infrequently done
c. Presents as slowly progressive jaundice
d. Can lead to carcinoma

54. Not true about choledochal cyst is: (AIIMS May 2009)
a. Associated with anomalous junction of the pancreatic and biliary duct
b. Type II is most common
c. Surgical removal is the treatment of choice
d. If ruptures can cause biliary peritonitis

55. Multiple intrahepatic bile duct dilation with bile lakes and concurrent sepsis is suggestive of: (MHSSMCET 2006)
a. Caroli's disease
b. Watson Algali syndrome
c. Primary sclerosing cholangitis
d. Klatskin tumor

56. All are true about bile duct injury except: (AIIMS GIS 2003)
a. Incidence is equal in laparoscopic and open cholecystectomy
b. After experience of 20 cases, bile duct injury rate decreases
c. Errors leading to laparoscopic bile duct injuries stem from misperception, not errors of skill, knowledge or judgment
d. Primary cause of error in most of the cases is visual perceptual illusion

Ref: Sabiston 19/e p1494-1498; Schwartz 9/e p1158-1160; Bailey 26/e p1112, 25/e p1125-1127; Blumgart 5/e p615-644; Shackelford 7/e p1380-1388

57. False about CBD injury: (AIIMS GIS May 2008)
a. Incidence in open cholecystectomy is 0.1-0.2%
b. Incidence in laparoscopic cholecystectomy is 0.5-0.8%
c. After 20 cases of laparoscopic cholecystectomy incidence of bile duct injury decreases
d. Most common reason for bile duct injury is lack of techniques and errors of judgment

Ref: Sabiston 19/e p1495

58. Biliary stricture developing after laparoscopic cholecystectomy usually occurs at which part of common bile duct? (Punjab 2008, All India 2006)
a. Upper
b. Middle
c. Lower
d. All with equal frequency

Ref: Sabiston 19/e p1494-1496)

59. According to Strasberg classification, lateral CBD injuries are classified as: (JIPMER GIS 2011)
a. Type B
b. Type C
c. Type D
d. Type E

Ref: Sabiston 19/e p1495; Shackelford 7/e p1381-1382)

60. According to Strasberg classification, transection of aberrant right hepatic duct without ligation is:
a. Type A
b. Type B
c. Type C
d. Type D

61. According to Bismuth Strasberg classification of bile duct injury, causing occlusion of a branch of biliary tree would be which type: (MHSSMCET 2010)
a. Type A
b. Type B
c. Type C
d. Type D

Ans.	**47.** c. Choledochal cyst	**48.** c. Excision is ideal…	**49.** d. Cystojejunostomy is…	**50.** c. Recurrent…
	51. a. Pain, lump and…	**52.** c. Congenital	**53.** d. Can lead to carcinoma	**54.** b. Type II is most…
	55. a. Caroli's disease	**56.** a. Incidence is equal in…	**57.** d. Most common reason…	**58.** a. Upper
	59. c. Type D	**60.** c. Type C	**61.** b. Type B	

62. In Strasberg Classification of bile duct injury, type C is: (MHSSMCET 2008)

a. Bile leak form a minor duct still in continuity with CBD
b. Injury form bile duct not in communication with CBD
c. Sectoral duct injury with consequent leak
d. Circumferential injury to major bile ducts

63. Bile duct strictures are seen in: (PGI Dec 2008)

a. CBD stone
b. Cholangiocarcinoma
c. Chronic pancreatitis
d. Trauma
e. Acute pancreatitis *Ref: Sabiston 19/e p1503*

64. According to the Bismuth/Strasberg classification, cystic blow out is classified as:

a. Type A
b. Type B
c. Type C
d. Type D

65. A 40-year-old patient has undergone an open cholecystectomy. The procedure was reported as uneventful by the operating surgeon. She has 100 ml of bile output from the drain kept in the gallbladder bed on the first post operative day. On examination she is afebrile and anicteric. The abdomen is soft and bowel sounds are normally heard. As an attending physician, what should be your best possible advice: (AIIMS Nov 2003)

a. Order an urgent endoscopic retrograde cholangiography and biliary stenting
b. Urgent laparotomy
c. Order an urgent hepatic imino diacetic acid scintigraphy (HIDA)
d. Clinical observation

Ref: Sabiston 19/e p1496; Schwartz 9/e p1159; Bailey 26/e p1111, 25/e p1125-1127; Shackelford 7/e p1385

66. On 7th postoperative day after laparoscopic cholecystectomy, patient developed right upper abdominal pain and 10 cm 8 cm collection. Treatment consists of: (PGI Dec 2003)

a. Immediate laparotomy
b. Percutaneous drainage
c. Laparotomy and surgical exploration of bile duct and T-tube insertion
d. laparoscopic cystic duct ligation and percutaneous drainage
e. Roux-en-Y loop hepaticojejunostomy

Ref: Sabiston 19/e p1496-1498; Schwartz 9/e p1159; Bailey 26/e p1111, 25/e p1125-1127; Blumgart 5/e p630-631; Shackelford 7/e p1385-1388)

67. On 5th postoperative day after laparoscopic cholecystectomy, a 50 years old lady presented with right upper quadrant pain with fever and 12 cm subhepatic collection on CT and ERCP shows cystic duct leak. The best management is:

a. Immediate laparotomy (PGI June 2003)
b. Percutaneous drainage of fluid
c. Laparotomy and surgical exploration of bile duct and T-tube insertion
d. Laparoscopic cystic duct ligation and percutaneous drainage
e. Roux-en-Y loop hepaticojejunostomy

Ref: Sabiston 19/e p1496; Schwartz 9/e p1159-1160; Bailey 26/e p1111, 25/e p1125-1127; Blumgart 5/e p628-629; Shackelford 7/e p1385

68. 5 days after CBD surgery there is a small leak. What will be the best treatment? (AIIMS June 2004)

a. Ultrasound guided aspiration
b. ERCP and stenting
c. Re-exploration and hepaticojejunostomy
d. Re-exploration and primary repair *Ref: Blumgart 5/e p627*

69. The initial investigation of choice for a post cholecystectomy biliary stricture is: (AIIMS May 2005)

a. Ultrasound scan of the abdomen
b. Endoscopic cholangiography
c. Computed tomography
d. Magnetic resonance cholangiography

Ref: Blumgart 5/e p627)

70. Regarding bile duct injuries following cholecystectomy which of the following statement is false:

a. The incidences following open cholecystectomy is in the range of 0.2 to 0.3% (AIIMS Nov 2005)
b. The incidence rate following laparoscopic cholecystectomy is three times higher than the rates following open cholecystectomy
c. Untreated cases may develop secondary biliary cirrhosis
d. Routine use of 'open' technique of laparoscopic port insertion has resulted in a decline in the incidence of post laparoscopic cholecystectomy bile duct injuries

Ref: Sabiston 19/e p1491-1492; Bailey 26/e p1109-1110, 25/e p1123

71. Common bile duct injuries are most commonly seen in:

a. Radical gastrectomy (UPSC 2008)
b. Penetrating injuries of abdomen
c. ERCP and sphincterotomy
d. Laparoscopic cholecystectomy operation

72. Most common cause of biliary stricture is:

a. CBD stone (AIIMS June 2004)
b. Trauma
c. Asiatic cholangitis
d. Congenital

73. The procedure of choice for elective removal of CBD stones for most patients is: (ComedK 2006)

a. Open choledocholithotomy
b. Endoscopic papillotomy
c. Laparoscopic choledocholithotomy
d. Percutaneous choledocholithotomy

Ref: Sabiston 19/e p1488-1491; Schwartz 9/e p1148; Bailey 26/e p1111, 25/e p1125-1126; Blumgart 5/e p532-550; Shackelford 7/e p1326-1331

74. The Reynold's pentad of fever, jaundice, right upper quadrant pain, septic shock and mental status change is typical of: (ComedK 2008)

a. Cholangitis
b. Hepatitis
c. Cholecystitis
d. Pancreatitis

Ref: Sabiston 19/e p1500-1501; Schwartz 9/e p1149; Blumgart 5/e p670-680; Bailey 26/e p1111, 25/e p1125-1126; Shackelford 7/e p1347, 1450

Ans.	**62.** c. Sectoral duct…	**63.** a, b, c, and d.	**64.** a. Type A	**65.** d Clinical observation…
	66. b. Percutaneous…	**67.** b. Percutaneous drainage…	**68.** a. Ultrasound guided…	**69.** c. Computed tomography
	70. d. Routine use of…	**71.** d. Laparoscopic…	**72.** b. Trauma	**73.** b. Endoscopic…
	74. a. Cholangitis			

75. Association of choledocholithiasis in cholilithiasis:
a. <5%
b. 15% (GB Pant 2011)
c. 20-35%
d. 50%

Ref: Sabiston 19/e p1488-1491; Schwartz 9/e p1148; Bailey 26/e p1111, 25/e p1125-1126; Blumgart 5/e p535; Shackelford 7/e p1326

76. All are true about CBD stones except: (AIIMS GIS 2003)
a. Associated with GB stones in 10% cases
b. Primary stones are usually brown
c. Laboratory values may be normal in one third cases of choledocholithiasis
d. Retained stones are discovered after 2 years of cholecystectomy

77. Recurrent stone of 2.5 cm in CBD presented with cholangitis. Treatment: (KGMC 2011)
a. ESWL
b. Lithotripsy
c. Supraduodenal choledochotomy
d. Duodenostomy

Ref: Blumgart 5/e p537-539; Shackelford 7/e p1326-1331

78. Which of the following calculi are rare in gall bladder, but common in common bile duct: (MHPGMCET 2008)
a. Cholesterol stone
b. Brown stone
c. Black stone
d. None

79. What is the treatment of choice for recurrent CBD stones with multiple strictures in common bile duct:
a. Hepaticojejunostomy
b. Cutaneous hepaticojejunostomy
c. Cholecystectomy
d. ERCP and sphincterotomy

80. Treatment of CBD stone includes: (PGI May 2010)
a. Endoscopic papillotomy
b. ERCP
c. Ursodeoxycholic acid
d. Hepaticojejunostomy
e. Choledochotomy

81. Charcot's triad: (JIPMER 2010)
a. Fever, abdominal pain, jaundice
b. Fever, vomiting, jaundice
c. Fever, Jaundice, abdominal distension
d. Fever, diarrhea, jaundice

82. Charcot's triad is seen in:
(MCI Sept 2006, MHPGMCET 2005, 2001)
a. Acute cholecystitis
b. Acute cholangitis
c. Acute appendicitis
d. Acute pancreatitis

83. Sphincteotomy of sphincter of Oddi is performed at:
a. 3'O clock position (DNB 2006)
b. 6'O clock position
c. 9'O clock position
d. 11'O clock position

Ref: Sabiston 19/e p1494; Schwartz 9/e p1148

84. CBD stone may present with: (PGI Dec 2002)
a. Increased bilirubin
b. WBC count
c. liver enzymes
d. Fever with rigors
e. Hepatomegaly

85. Most common cause of cholangitis: (AIIMS June 2003)
a. Viral infection
b. CBD stone
c. Surgery
d. Amoebic infection

86. A patient of post-cholecystectomy biliary stricture has undergone an ERCP three days ago. Following this, she has developed acute cholangitis. The most likely organism is:
a. Escherichia coli (All India 2006)
b. Bacillus fragilis
c. Streptococcus viridians
d. Pseudomonas aeruginosa

87. Which of the following statements is true regarding cholangitis: (PGI Dec 2001)
a. Increased leucocyte count
b. Increased transaminases
c. Increased alkaline phosphatase
d. Association with fever and chills

88. Not a feature of CBD stone: (AIIMS June 2001)
a. Pain
b. Fever
c. Jaundice
d. Septic shock

89. A 50-year-old woman presented with history of recurrent episodes of right upper abdominal pain for the last one year. She presented to casualty with history of jaundice and fever for 4 days. On examination, the patient appeared toxic and a blood pressure of 90/60 mmHg. She was started on intravenous antibiotics. Ultrasound of the abdomen showed presence of stones in the common bile duct. What would be the best treatment option for her:
a. ERCP and bile duct stone extraction (AIIMS Nov 2003)
b. Laparoscopic cholecystectomy
c. Open surgery and bile duct stone extraction
d. Lithotripsy

Ref: Sabiston 19/e p1483-1484; Schwartz 9/e p1141; Bailey 26/e p1101-1102, 25/e p1115-1116; Blumgart 5/e p331-344; Shackelford 7/e p1326-1329

Ans.	**75.** b. 15%	**76.** d. Retained stones are…	**77.** c. Supraduodenal…	**78.** b. Brown stone
	79. b. Cutaneous…	**80.** a, b, and e.	**81.** a. Fever, abdominal pain…	**82.** b. Acute cholangitis
	83. d. 11'O clock position	**84.** a, b, c, and d.	**85.** b. CBD stone	**86.** a. Escherichia coli
	87. a, b, c, and d.	**88.** d. Septic shock	**89.** a. ERCP and bile…	

90. What is more appropriate for diagnosis of CBD stones: (PGI June 2003)
a. Ultrasonography
b. ERCP
c. OCG
d. IV cholangiography

91. A patient having multiple gall stones and shows 8 mm dilation and 4 stones in CBD. Best treatment modalities are: (PGI Dec 2002)
a. Cholecystectomy with choledocholithotomy at same setting
b. ESWL
c. Cholecystectomy and wait for ERCP
d. Sphincterotomy and then cholecystectomy
e. Cholecystectomy and after 14 days sphincterotomy done

92. Best treatment modality for common bile duct stone is: (AIIMS Nov 2004)
a. Endoscopic sphincterotomy
b. Observation
c. Chenodeoxycholic acid
d. Percutaneous removal

93. The treatment of choice for an 8 mm retained common bile duct (CBD) stone is: (DNB 2011, AIIMS May 2005, Nov 2003)
a. Laparoscopic CBD exploration
b. Percutaneous stone extraction
c. Endoscopic stone extraction
d. Extracorporeal shock wave lithotripsy

94. A patient presented 1 year after cholecystectomy with a CBD stone of 2.5 cm in size. Treatment of choice is: (All India 2001)
a. Supraduodenal choledochotomy with exploration
b. Transduodenal choledochojejunostomy
c. Transduodenal sphincterotomy
d. Endoscopic sphincterotomy with stone extraction

95. Which one of the following statement is incorrect regarding stone in the common bile duct: (All India 2006)
a. Can present with Charcot's triad
b. Are suggested by a bile duct diameter >6 mm of ultrasound
c. ERCP, sphincterotomy and balloon clearance is now the standard treatment.
d. When removed by exploration of the common bile duct the T-tube can be removed after 3 days

96. Treatment for common bile duct stone is by: (PGI Dec 2001)
a. ESWL
b. Exploration of bile duct and recovery of stones
c. Bile duct stenting
d. Nasobiliary drainage
e. Percutaneous drainage

Ref: Shackelford 7/e p1326-1331

97. Absolute indication for choledochotomy: (PGI June 2006)
a. Gallstone ileus
b. Gallstone pancreatitis
c. Fever
d. Jaundice
e. Palpable CBD stone

Ref: Shackelford 7/e p1326-1331

98. Ramu presents with recurrent attacks of cholelithiasis, USG examination shows a dilated CBD of 1 cm. The next line of management is: (AIIMS June 2001)
a. ERCP
b. PTC
c. Cholecystostomy
d. Intravenous cholangiogram

99. Most common surgical cause of obstructive jaundice: (All India 2000)
a. Periampullary carcinoma
b. Carcinoma gall bladder
c. Carcinoma head of pancreas
d. CBD stones

100. What is more appropriate for diagnosis of CBD stones: (PGI 2007)
a. Ultrasonography
b. ERCP
c. OCG
d. IV cholangiography

101. In cholangiography CBD stone appears as: (AIIMS June 2003)
a. Meniscus sign
b. Cut off sign
c. Slight flow of dye from the sides
d. Ability to absorb water

Ref: Sutton 6/e p971

102. Common bile duct stones will manifest all except: (MCI March 2008)
a. Distended gall bladder
b. Jaundice
c. Itching
d. Clay colored stools

103. In cholangitis, the organism mostly responsible is: (PGI 2006)
a. E. coli
b. Streptococcus
c. E. histolytica
d. Clostridium

104. An ultrasound examination shows dilated intrahepatic biliary channels with a small gall bladder. The most likely possibility is: (DPG 2010)
a. Gall bladder stone
b. Pancreatic calculus
c. Common bile duct stone
d. Carcinoma of the head of the pancreas

Ref: Bailey 26/e p1108, 25/e p1125, 24th/1109

105. The most common cause of suppurative cholangitis is: (UPPG 2001)
a. Stone in common bile duct
b. Cancer of the ampulla of vater
c. Choledochal cyst
d. Empyema of gall bladder

106. The procedure of choice for elective removal of CBD stones for most patients is: (Karnataka 2006)
a. Open choledocholithotomy
b. Endoscopic choledocholithotomy
c. Laparoscopic choledocholithotomy
d. Percutaneous choledocholithotomy

Ans.
90. b. ERCP **91.** d. Sphincterotomy… **92.** a. Endoscopic… **93.** c. Endoscopic stone…
94. a. Supraduodenalr… **95.** d. When removed by… **96.** a, b, c, d, and e. **97.** e. Palpable CBD stone
98. a. ERCP **99.** d. CBD stones **100.** b. ERCP **101.** a. Meniscus sign
102. a. Distended gall… **103.** a. E. coli **104.** c. Common bile… **105.** a. Stone in common…
106. b. Endoscopic…

107. Which of the following is not a component of Reynolds' Pentad in toxic cholangitis: (DPG 2009 March)
a. Right upper quadrant pain
b. Confusion
c. Septic shock
d. Markedly elevated transaminases

108. Best treatment of acute suppurative cholangitis is: (DPG 2006)
a. Laparoscopic cholecystectomy
b. Open cholecystectomy
c. Endoscopic papillotomy
d. Choledochotomy

109. Leucine aminopeptidase is elevated in obstruction of: (BHU 2003)
a. Ureter
b. Urethra
c. Common bile duct
d. Spermatic cord

Ref: American Journal of Gastroenterology; Dec 1963, Vol. 41 Issue 6, p620

110. Not included in Charcot's triad: (AIIMS Nov 2010)
a. Fever
b. Pain
c. Jaundice
d. Gallbladder lump

111. All of the following are seen with bile duct stone except: (MCI March 2008)
a. Obstructive jaundice
b. Distended and palpable gall bladder
c. Pruritus
d. Clay colored stools

112. Management of stone in CBD includes following except: (PGI Nov 2011)
a. Observation
b. Laparoscopic CBD exploration
c. Medical dissolution of stone
d. Endosphincteric removal

Ref: Bailey 26/e p1111, 25/e p1126; CSDT 11 /e p1163

113. The ideal treatment of stenosis of sphincter of Oddi is: (SGPGI 2004)
a. Transduodenal sphincteroplasty
b. Endoscopic sphincteroplasty
c. Choledochojejunostomy
d. Choledochoduodenostomy

Ref: Sabiston 19/e p1491; Shackelford 7/e p1333-1336

114. Vanishing bile duct syndrome is seen in: (PGI June 2003)
a. Chronic viral hepatitis
b. Sarcoidosis
c. Lymphoma
d. Non-cirrhotic portal fibrosis
e. Alcoholism

Ref: Harrison 18/e p329

115. Bile ductopenia seen in: (PGI Dec 2003)
a. GHVD
b. Alcoholic hepatitis
c. Autoimmune hepatitis
d. Cirrhosis
e. Sclerosing cholangitis

116. Association of PSC with all except: (ILBS 2012)
a. UC
b. ITP
c. Sarcoidosis
d. Retroperitoneal fibrosis

Ref: Sabiston 19/e p1502-1503; Schwartz 9/e p1156; Bailey 26/e p1112-1113, 25/e p1127; Blumgart 5/e p603-615; Shackelford 7/e p1405-1414

117. False about PSC: (AIIMS GIS May 2008)
a. PSC in UC, the association is 30%
b. Low incidence of cholangitis
c. Increased incidence of colonic carcinoma in PSC + UC
d. Despite the presence of diffuse disease, hepatic duct bifurcation is most severely strictured segment

118. A 50-year-old male presents with pain upper abdomen, pruritus, jaundice and weight loss, elevated ANA, the likely diagnosis is: (ComedK 2011)
a. Primary sclerosing cholangitis
b. Klatskin tumor
c. Secondary sclerosing cholangitis
d. Choledocholithiasis

119. Primary sclerosing cholangitis is likely to be associated with: (JIPMER 2011)
a. Adenocarcinoma of pancreas
b. Cholangiocarcinoma
c. Hepatocellular carcinoma
d. Adenocarcinoma of gall bladder

120. "Onion skin" fibrosis of bile duct is seen in: (ComedK 2009)
a. Primary biliary cirrhosis
b. Primary sclerosing cholangitis
c. Extrahepatic biliary fibrosis
d. Congenital hepatic fibrosis

121. Regarding PSC, all are true except: (AIIMS GIS Dec 2010)
a. Cholangiocarcinoma is always intrahepatic
b. Management of PSC/UC doesn't alter the course of either disease
c. Patients with PSC or UC have pancolitis on majority
d. Patients with PSC or UC have more chances of CRC than UC alone

122. All are true about PSC except: (AIIMS GIS May 2011)
a. Commonly affect 40-45 years of age
b. More common in males
c. Most patients presents with advanced disease
d. Survival after diagnosis is 10-15 years

123. True about primary sclerosing cholangitis are all except: (PGI June 2005)
a. Fibrosing cholestasis of bile duct
b. Periductal onion skin fibrosis
c. Cirrhosis never occurs
d. Jaundice is seen
e. Associated with UC

Ans.
107. d. Markedly…
108. c. Endoscopic papillotomy
109. c. Common bile duct
110. d. Gallbladder lump
111. b. Distended and…
112. a. and c. Medical…
113. a. Transduodenal…
114. b. Sarcoidosis
115. a. GVHD
116. b. ITP
117. a. PSC in UC…
118. a. Primary…
119. b. Cholangiocarcinoma
120. b. Primary sclerosing…
121. a. Cholangiocarcinoma…
122. c. Most patients…
123. c. Cirrhosis never occurs

124. All of the following are true for patients of ulcerative colitis associated with primary sclerosing cholangitis, except: (All India 2005)

a. They may develop biliary cirrhosis
b. May have raised alkaline phosphatase
c. Increased risk of hilar cholangiocarcinoma
d. PSC reverts after a total colectomy

125. A patient presenting with history of diarrhea for several years with recent onset pruritus and raised Alkaline Phosphatase, normal SGOT/PT and USG shows no gall stones and biliary tract abnormality, the diagnosis is: (PGI June 2004)

a. Hodgkin's Lymphoma
b. Sclerosing cholangitis
c. Autoimmune Hepatitis
d. Viral Hepatitis

126. True regarding primary sclerosing cholangitis associated with ulcerative colitis are all of the following except: (MCI March 2007)

a. Biliary cirrhosis is a known complication
b. Increased risk of hilar cholangiocarcinoma
c. May have raised levels of alkaline phoshphatase
d. Primary sclerosing cholangitis resolves after total colectomy

127. All of the following are true regarding RPC except: (AIIMS GIS Dec 2010)

a. Equal incidence in males and females
b. More common in left lobe of liver
c. All are pigmented stones
d. GB stones are present in >50% cases

Ref: Sabiston 19/e p1501; Blumgart 5/e p680-697

128. Most common cause of hemobilia: (DNB 2005, 2000, AIIMS GIS 2003)

a. Trauma
b. Iatrogenic
c. Parasites
d. Tumors

Ref: Sabiston 19/e p1567-1468; Blumgart 5/e p1832-1843; Shackelford 7/e p1487

129. Not true of hemobilia: (DNB 2010, Punjab 2009, ComedK 2007)

a. GI bleeding
b. Fever
c. Jaundice
d. Colicky RUQ pain

130. A patient presents with abdominal pain, jaundice and melena. The Diagnosis is: (All India 2000)

a. Hemobilia
b. Acute cholangitis
c. Carcinoma gall bladder
d. Acute pancreatitis

131. Cause of hemobilia are all except: (AIIMS June 2000)

a. Trauma to abdomen
b. Malignancy
c. Rupture of hepatic artery aneurysm
d. Hepatitis

132. All are seen in hemobilia except: (PGI Dec 2003)

a. Shock
b. Colicky pain
c. Melena
d. Jaundice

133. Triad of hemobilia includes all, except: (AIIMS June 2006)

a. Pain
b. Fever
c. G.I. bleeding
d. Jaundice

134. True regarding hemobilia: (DPG 2007)

a. Triad of jaundice, pain, melena
b. MC cause- rupture of portal vein into biliary system
c. MR angiography is the IOC
d. None of the above

135. All are true about hemobilia except: (PGI SS June 2006)

a. Pain abdomen
b. Melena
c. Jaundice
d. Hypoglycemia

136. Which of the following is not a risk factor for cholangiocarcinoma: (AIIMS GIS Dec 2011)

a. Thorotrast
b. Radon
c. Dioxin
d. Aflatoxin

Ref: Sabiston 19/e p1508-1509; Schwartz 9/e p1162; Bailey 26/e p1114-1115, 25/e p1128-1129; Blumgart 5/e p; Shackelford 7/e p1370

137. Not a predisposing factor for cholangiocarcinoma: (Punjab 2007)

a. Asiatic cholangio-hepatitis
b. Cholelithiasis
c. Ulcerative colitis
d. Choledochal cyst

138. APBDJ is associated with: (AIIMS GIS 2003)

a. Cholangiocarcinoma
b. CA GB
c. Choledochal cyst
d. All of the above

Ref: Sabiston 19/e p1504

139. Predisposing factor for cholangiocarcinoma: (MHSSMCET 2009)

a. PSC
b. Gall stones
c. Ankylostomiasis
d. All of the above

140. Cholangiocarcinoma has been associated with infection by: (ComedK 2004)

a. Paragonimus westermani
b. Clonorchis sinensis
c. Loa Loa
d. Schistosoma haematobium

Ans.	**124.**	d. PSC reverts…	**125.**	b. Sclerosing cholangitis	**126.**	d. Primary sclerosing…	**127.**	d. GB stones are present…
	128.	b. Iatrogenic	**129.**	b. Fever	**130.**	a. Hemobilia	**131.**	d. Hepatitis
	132.	a. Shock	**133.**	b. Fever	**134.**	a. Triad of jaundice…	**135.**	d. Hypoglycemia
	136.	d. Aflatoxin	**137.**	b. Cholelithiasis	**138.**	d. All of the above	**139.**	a. PSC
	140.	b. Clonorchis sinensis						

141. Which of the following does not predispose to cholangiocarcinoma: (All India 2006)
a. Ulcerative colitis
b. Clonorchis sinensis
c. Choledochal cyst
d. Chronic pancreatitis

142. All of the following are known predisposing factors for cholangiocarcinoma except: (All India 2001)
a. CBD stones
b. Clonorchis sinensis
c. Ulcerative colitis
d. Primary sclerosing cholangitis

143. An increased incidence of cholangiocarcinoma is seen in all of the following except: (All India 03)
a. Hydatid cyst of liver
b. Polycystic disease of liver
c. Sclerosing cholangitis
d. Liver flukes

144. All the following increase risk for cholangio-carcinoma except: (DPG 2010)
a. Ulcerative colitis
b. Gall stones in CBD
c. Sclerosing cholangitis
d. Clonorchis

Ans. **141.** d. Chronic pancreatitis **142.** None **143.** a. Hydatid cyst of liver **144.** None

E. PANCREAS

1. Treatment of congenital cyst of head of pancreas: (PGI 2002)

a. Total excision
b. Partial excision
c. Marsupialization
d. Observe and medical treatment

Ref: Blumgart 5/e p827; Bailey 26/e p1125, 25/e p1137

2. In mucoviscidosis of the pancreas the commonest defect is in the: (JIPMER 2000, AIIMS 2002)

a. Jejunum
b. Ileum
c. Ascending colon
d. Descending colon

3. Leukocytic infiltration in islet cells of pancreas is characteristically seen in some cases of: (PGI 2004)

a. Juvenile diabetes
b. Diabetic ketosis
c. Systemic mucoviscidosis
d. Hemorrhagic pancreatic necrosis

4. Ectopic pancreatic tissue is present in all except: (ILBS 2012)

a. Stomach
b. Meckel's diverticulum
c. Mesentery
d. Umbilicus

Ref: Sabiston 19/e p1517; Bailey 26/e p1125, 25/e p1137; Blumgart 5/e p827

5. The neck of pancreas is related on its posterior surface to: (AIIMS May 2005)

a. Gastroduodenal artery
b. Superior mesenteric vein
c. Inferior vena cava
d. Bile duct

Ref: BDC 4/e vol-II p284-285

6. Increased amylase levels in pleural fluid are seen in: (Bihar 2003)

a. Malignancy
b. Pancreatitis
c. Esophageal rupture
d. All

7. True increase in islet cell takes place in: (PGI Dec 2002)

a. Nesidioblastoma
b. Type II DM
c. Insulinoma
d. None *Ref: Nelson 18/e p1652*

8. All of the following statements about Nesidioblastosis are true, except: (All India 2011)

a. Hypoglycemic episodes may be seen
b. Occurs in adults more than children
c. Histopathology shows hyperplasia of islet cells
d. Diazoxide may be used for treatment

9. All of the following are true about diazoxide except: (AIIMS May 2011)

a. K+ channel opener
b. Can be used as antihypertensive agent
c. Causes severe hypoglycemia
d. Used in insulinoma *Ref: KDT 6/e p274, 548, 554*

10. Open sphincteroplasty is done at: (MHSSMCET 2009)

a 12 O' clock position
b. 11 O' clock position
c. 6 O' clock position
d. 2 O' clock position

Ref: Sabiston 19/e p1494; Schwartz 9/e p1148

11. Ectopic pancreatic tissue with islet cells are seen in: (AIIMS GIS May 2008)

a. Stomach
b. Meckel's diverticulum
c. Omentum
d. Appendix

12. Which of the following is not true about polycystic disease of pancreas: (AIIMS GIS May 2008)

a. Associated with liver and renal cyst
b. 50% associated with VHL syndrome
c. Surgical intervention is required in most because of features of chronic pancreatitis
d. Lining of cyst wall is cuboidal

13. Which of the following types of islet cells secrete amylin: (All India 2012)

a. Alpha cells
b. Beta cells
c. Delta cells
d. F cells *Ref: Sabiston 19/e p946*

14. Investigation of choice to visualise pancreas is: (DNB 2006)

a. MRI
b. CT Scan
c. USG abdomen
d. ERCP *Ref: Sutton 7/e p796*

15. Pancreas divisum: (AIIMS GIS May 2008)

a. Most common congenital anomaly
b. Most are symptomatic
c. Failure of fusion of dorsal and ventral pancreas
d. Dorsal duct dilation at lesser papilla is curative

Ref: Sabiston 19/e p1517; Schwartz 9/e p1171; Bailey 26/e p1125, 25/e p1131; Blumgart 5/e p818-819; Shackelford 7/e p1134-1135

16. All are true for annular pancreas except: (PGI Nov 2009)

a. Upper GI series is IOC
b. Duodenal obstruction present
c. ERCP is done
d. Non-rotation of gut
e. Treatment is division of ring

Ref: Sabiston 19/e p1517; Bailey 26/e p1125, 25/e p1137; Blumgart 5/e p823-826; Shackelford 7/e p1179-1180

17. Treatment of choice for annular pancreas: (NEET Pattern, MHSSMCET 2006)

a. Duodenojejunostomy
b. Distal Pancreatectomy
c. Proximal pancreatectomy
d. Duodenoduodenostomy *Ref: Blumgart 5/e p823-826*

Ans.

1. d. Observe and…
2. b. Ileum
3. a. Juvenile diabetes
4. c. Mesentery
5. b. Superior…
6. d. All
7. c. Insulinoma
8. b. Occurs in adults…
9. c. Causes severe…
10. b. 11 O' clock position
11. a. Stomach
12. c. Surgical intervention…
13. b. Beta cells
14. b. CT scan
15. a. Most common…
16. e. Treatment is division…
17. d. Duodenoduodenostomy

18. Annular pancreas, true is: (PGI Dec 2002)
a. Complete or partial rotation failure
b. Congenital
c. Normal histology
d. Interstromal cell proliferation
e. Surgical correction should be done

19. MC site of gastrinoma: (GB Pant 2011)
a. Duodenum
b. Pancreas
c. Stomach
d. Colon

Ref: Sabiston 19/e p951, 956, 958; Schwartz 9/e p1218; Bailey 26/e p789-790, 25/e p818-819; Blumgart 5/e p937-941; Shackelford 7/e p749-756

20. All are true about gastrinoma except: (GB PANT 2011)
a. Abnormal peptic ulcer location
b. Diarrhea
c. Decreased BAO and MAO
d. Best treatment is omeprazole

21. Localization of gastrinoma is best done by: (GB PANT 2011)
a. USG
b. CT
c. MRI
d. SRS

22. All are true about gastrinoma except: (AIIMS GIS Dec 2006)
a. Mostly found in gastrinoma triangle
b. Increases acid production
c. Most common site is pancreas
d. Lymphadenectomy is not required as there is no improvement in survival

23. Least common site of gastrinoma: (AIIMS GIS May 2008)
a. 1st part of duodenum
b. 2nd part of duodenum
c. 3rd part of duodenum
d. 4th part of duodenum

24. All are true about Zollinger-Ellison syndrome except:
a. Recurrent ulceration after acid reducing surgery
b. Raised gastrin levels in all cases
c. Decreased BAO/MAO (DNB 2007, AIIMS GIS Dec 2011)
d. Diarrhea

25. All are true about gastrinoma except: (AIIMS GIS May 2011)
a. 50% are associated with adrenal malignancy
b. Duodenum is the most common site
c. Diarrhea can be prevented by NG aspiration
d. Total gastrectomy should be avoided

26. All of the following are features of Zollinger-Ellison syndrome except: (AIIMS Nov 2005)
a. Intractable peptic ulcers
b. Severe diarrhea
c. Beta cell tumors of the pancreas
d. Very high acid output

27. Treatment of Zollinger Ellison syndrome:
a. Total gastrectomy with removal of tumor
b. Partial gastrectomy (DNB 2004, AI 2004)
c. Excision of tumor alone
d. H2 receptor antagonist

28. Gastrin is used as a marker for: (DPG 2008)
a. Pancreatic carcinoma
b. Zollinger Ellison syndrome
c. Adrenal tumor
d. All of the above

29. Not a boundary of gastrinoma triangle: (DNB 2011, DPG 2007)
a. Junction of 2nd and 3rd part of duodenum
b. Junction of 3rd and 4th part of duodenum
c. Junction of head with body of pancreas
d. Junction of cystic duct with common bile duct

30. Which of the following organs is the most common site of origin of the tumor associated with the Zollinger-Ellison syndrome: (ComedK 2008, 2007)
a. Duodenum
b. Lymph nodes
c. Spleen
d. Pancreas

31. Zollinger-Ellison syndrome is not caused by tumors from:
a. Pancreas
b. Ovary (ComedK 2011)
c. Colon
d. Duodenum *Ref: Sabiston 19/e p952*

32. True about gastrinoma are all except: (PGI Nov 2009)
a. Located mostly in pancreas
b. Unusual located ulcer
c. 90% benign
d. Hypersecretion of gastric acid

33. All are true about Zollinger-Ellison syndrome except:
a. Surgery is done (PGI June 2008)
b. Exocrine tumour
c. Endocrine disorder
d. Secretary diarrhea is seen
e. Metastasis is seen

34. Zollinger-Ellison syndrome is due to tumour of the:
a. α-cells
b. β-cells (AI 04)
c. PP-cells
d. G-cells

Ans. **18.** a, b, c, and e **19.** a. Duodenum **20.** c. Decreased BAO… **21.** d. SRS
22. c. Most common site… **23.** d. 4th part of… **24.** c. Decreased BAO/MAO **25.** a. 50% are associated…
26. c. Beta cell tumors… **27.** d. H2 receptor… **28.** b. Zollinger-Ellison… **29.** b. Junction of 3rd and…
30. a. Duodenum **31.** c. Colon **32.** a. Located… c. 90% benign **33.** b. Exocrine tumor
34. d. G-cells

35. A 45-years old gentleman has undergone truncal vagotomy and pyloroplasty for bleeding duodenal ulcer seven years ago. Now he has intractable recurrent symptoms of peptic ulcer. All of the following suggest the diagnosis of Zollinger Ellison syndrome, except: (AIIMS May 2006)

a. Basal acid output of 15 meq/hour
b. Serum gastrin value of 500 pg/ml
c. Ulcers in proximal jejunum and lower end of esophagus
d. Serum gastrin value of 200 pg/ml with secretin stimulation

36. Zollinger-Ellison syndrome is characterized by all of the following except: (AI 2006)

a. Post bulbar ulcer
b. Recurrent duodenal ulcer
c. Severe diarrhea
d. Massive HCl secretion in response to histamine injection

37. True about ZES (gastrinoma): (PGI June 2001)

a. Gastrin levels >1000 pg/mL
b. BAO (Basal acid output) >15 meq/hr
c. Somatostatin is inhibitor of HCL secretion
d. Omeprazole is helpful
e. Secretin increases gastrin secretion in Zollinger-Ellison syndrome

38. About ZES true is: (PGI Dec 2005)

a. MC site is duodenal loop
b. It is an exocrine disease
c. It is an endocrine disease
d. 50% are malignant
e. Surgical excision is done

39. Zollinger-Ellison syndrome, all are true except:

a. Surgery is to be done (PGI June 2008)
b. Exocrine tumor
c. Endocrine disorder
d. Secretary diarrhea seen
e. Metastasis seen

40. Which of the following is not true for Zollinger-Ellison syndrome: (DNB 2002, MCI Sept 2008)

a. Recurrence after operation
b. Reduced BAO: MAO ratio
c. Gastrin producing tumour
d. Diarrhea may be a presenting features

41. All are true about pseudopapillary tumors of pancreas except:

a. Most commonly occurs in young women
b. Both benign and malignant varieties are seen
c. These are small tumors (JIPMER GIS 2011)
d. Local resection is usually curative

Ref: Schwartz 9/e p1236; Blumgart 5/e p908-909; Shackelford 7/e p1268

42. All are true about Frantz tumor except:

a. Seen in young females (AIIMS GIS Dec 2011)
b. Vimentin and CD 56 is positive
c. Indolent tumor with <15% incidence of metastasis
d. Chromagranin is positive

43. Most common symptom of CA head of pancreas:

a. Weight loss (ILBS 2012, AIIMS GIS Dec 2011, Dec 2006)
b. Pain
c. Jaundice
d. Anorexia

Ref: Sabiston 19/e p1535-1544; Schwartz 9/e p1220-1225; Bailey 26/e p1137, 25/e p1149-1152; Blumgart 5/e p919-925; Shackelford 7/e p1190-1196

44. Diagnostic investigation in carcinoma pancreas:

a. MDCT (ILBS 2012)
b. PET scan
c. ERCP
d. MRCP

45. Not true about pancreatic ductal adenocarcinoma:

a. Most common site is body and tail
b. Associated with desmoplastic changes with scattering of neoplastic glands (AIIMS GIS May 2008)
c. Body tumors are larger
d. Perineural invasion is characteristic feature

46. Scrambled egg appearance is seen in: (ComedK 2007)

a. Carcinoma stomach
b. Carcinoma gall bladder
c. Pancreatic carcinoma
d. Renal carcinoma *Ref: Grainger 4/e p1356-64*

47. The most likely cause of fluctuating jaundice in a middle aged or elderly man is: (ComedK 2010)

a. Periampullary carcinoma
b. Liver fluke infestation
c. Choledochal cyst
d. Carcinoma head of pancreas

48. Migratory thrombophlebitis seen in: (PGI Dec 2006)

a. Pancreatic cancer
b. Bladder cancer
c. Stomach cancer
d. Breast cancer
e. Liver cancer *Ref: Robbins 7/e p334-335*

49. Which of the following is the most common site for the carcinoma of pancreas: (PGI June 2000)

a. Head
b. Ampulla
c. Body
d. Tail

50. True about pancreatic CA: (PGI Dec 2002)

a. MC symptom is pain
b. CA head of pancreas causes obstruction of both pancreatic and biliary duct
c. Smoking predisposes
d. Family history of familial adenomatous polyposis syndrome

51. True about pancreatic carcinoma: (PGI Dec 2000)

a. Head is the most common site
b. Pain is the most common symptom
c. Obstruction of bile and pancreatic secretion is common
d. 80% cases respond well to resection

Ans.

35. d. Serum gastrin…
36. d. Massive HCl in…
37. a, b, c, d, and e.
38. a. Retained stone
39. b. Exocrine tumor
40. b. Reduced BAO…
41. c. These are small tumors
42. d. Chromagranin is positive
43. c. Jaundice
44. a. MDCT
45. a. Most common site…
46. c. Pancreatic carcinoma
47. a. Periampullary…
48. a. Pancreatic cancer
49. a. Head
50. b. CA head of pancreas…
51. a. and c.

52. Investigation to diagnose carcinoma head of pancreas are/is:
a. Hypotonic duodenogram (PGI Dec 2000, PGI Dec 2003)
b. X-ray abdomen
c. USG
d. Endoscopy
e. CT Scan

53. A 55-years old male presents with features of obstructive jaundice. He also reports a weight loss of seven kilograms in last two months. On CT scan, the CBD is dilated till the lower end and the main pancreatic duct is also dilated. Pancreas is normal. The most likely diagnosis is:
a. Choledocholithiasis (AIIMS Nov 2004)
b. Carcinoma gallbladder
c. Hilar cholangiocarcinoma
d. Periampullary carcinoma

54. Inverted "3" sign seen in: (PGI 2001)
a. Ampullary carcinoma
b. Insulinoma
c. CA head pancreas
d. CA stomach

55. Most common tumour of pancreas is: (UPPG 2007)
a. Adenocarcinoma
b. Squamous cell carcinoma
c. Adeno-squamous cell carcinoma
d. Ductal adenocarcinoma

56. Most sensitive investigation of pancreatic carcinoma is:
a. Angiography (PGI 2004)
b. ERCP
c. Ultrasound
d. CT scan *Ref: CSDT 11/e p645; Schwartz 9/e p1220-1225*

57. Carcinoma of pancreas is associated with: (UPPG 2008)
a. Hypoglycemia
b. Syndrome of inappropriate secretion of ADH
c. Erythropoeisis is due to erythropoietin
d. Hypercalcemia *Ref: Harrison 18/e p2908*

58. Elderly male with icterus having large painless gall bladder lump, diagnosis is: (UPPG 2010)
a. Acute hepatitis
b. Carcinoma head of pancreas
c. CBD stone
d. Cholelithiasis
e. Hepatocellular carcinoma

59. Increased amylase, mucin and CEA is seen in: (ILBS 2012)
a. IPMN
b. Mucinous cystadenoma
c. Serous cystadenoma
d. Solid pseudopaillary tumor

Ref: Sabiston 19/e p1533-1534; Schwartz 9/e p1234; Blumgart 5/e p903-905; Shackelford 7/e p1220-1222

60. Not true about mucinous cystadenoma pancreas:
a. Microcystic adenoma (AIIMS May 2011)
b. Lined by columnar epithelium
c. Pre malignant
d. Focus of ovarian stroma in it

Ref: Sabiston 19/e p1532-1533; Schwartz 9/e p1232; Blumgart 5/e p902-903; Shackelford 7/e p1218-1220

61. A 60-years old female presents with history of recurrent abdominal pain. Imaging shows multiple small cystic lesions like bunch of grapes in the head of pancreas with a grossly dilated main pancreatic duct. The most likely diagnosis is:
a. SCN
b. MCN (All India 2012)
c. IPMN
d. Pancreatic pseudocyst

62. Regarding IPMN, all are true except: (AIIMS GIS May 2011)
a. Treatment is enucleation
b. Can involve either main or branch duct
c. Mostly involve pancreatic head
d. Men and women are equally affected

63. Serous cystadenoma, all are true except:
a. 30% are associated with malignancy
b. Mainly microcystic (AIIMS GIS May 2008)
c. More commonly located in the head
d. Glycogen rich cells on cytologic examination with central calcified stellate scar

Ref: Sabiston 19/e p1533; Schwartz 9/e p1232; Blumgart 5/e p902; Shackelford 7/e p1217-1218

64. All are true about IPMN except: (AIIMS GIS May 2008)
a. Seen in both small and large ducts
b. Equal incidence in males and females
c. Most common in head
d. Usually diagnosed by octreotide scan

65. Not true about mucinous cystadenoma:
a. Lining is columnar (AIIMS GIS May 2008)
b. Ovarian stroma is found
c. Early surgery is indicated
d. 90% patients survive >10 years after surgery

66. All are true about pancreatic serous cystadenoma except:
a. Increased CEA (AIIMS GIS Dec 2010)
b. Honey comb appearance
c. Lined by single layer of low cuboidal epithelium
d. Malignancy is rare

Ans. **52.** a, c, d, and e. **53.** d. Periampullary carcinoma **54.** a. Ampullary carcinoma **55.** d. Ductal adenocarcinoma
56. d. CT scan **57.** b. Syndrome of… **58.** b. Carcinoma head… **59.** a. IPMN
60. a. Microcystic adenoma **61.** c. Intraductal papillary… **62.** a. Treatment is… **63.** a. 30% are associated…
64. d. Usually diagnosed… **65.** d. 90% patients survive… **66.** a. Increased CEA

67. All are true about IPMN except: (JIPMER GIS 2011)
a. Always involves main pancreatic duct
b. Involvement of head is most common form
c. Men and women are equally affected
d. Patients can experience acute pancreatitis

Ref: Sabiston 19/e p1533; Blumgart 5/e p902-908; Shackelford 7/e p1228

68. All are true about pancreatic fistula in chronic pancreatitis except: (AIIMS GIS May 2008)
a. Most cases resolve spontaneously by conservative treatment
b. Somatostatin is effective in fistula closure
c. In prevention of fistula, adherence to standardized and meticulous technique is more important than the pancreatic texture or the type of anastomosis used
d. Early intervention is required if associated with hemorrhage or sepsis

Ref: Blumgart 5/e p965; Shackelford 7/e p1278-1280

69. Beger's procedure: (AIIMS GIS May 2008)
a. DPPHR
b. LRLPJ
c. Caudal pancreaticojejunostomy
d. Longitudinal pancreaticojejunostomy

Ref: Sabiston 19/e p1529-1531; Schwartz 9/e p1210; Blumgart 5/e p875-881; Shackelford 7/e p1138-1142

70. Duval procedure in case of chronic pancreatitis involves:
a. Distal resection of tail of pancreas with end to end pancreaticojejunostomy (AIIMS GIS Dec 2009)
b. Distal resection of tail of pancreas with longitudinal opening of duct and pancreaticojejunostomy
c. Duodenum preserving pancreatic head resection
d. Local section of pancreatic head with longitudinal pancreaticojejunostomy

71. A 50-years old lady presents with two years history of recurrent abdominal pain with radiation to her back. Pain is severe in intensity, and refractory to simple analgesics. Ultrasound and contrast enhanced CT scan (CECT) confirmed the diagnosis and showed a dilated pancreatic duct. Which of the following is the likely recommended surgical procedure of choice: (AI 2011)
a. Vagotomy with antrectomy
b. Vagotomy with gastrojejunostomy
c. Whipple's procedure
d. Longitudinal pancreaticojejunostomy

72. A chronic alcoholic presents with abdominal pain radiating to the back that responds to analgesics. At evaluation the pancreatic duct was found to be dilated and stones were noted in the tail of pancreas. The most appropriate management is: (All India 2008)
a. Pancreatic tail resection
b. Pancreaticojejunostomy
c. Percutaneous removal of stone
d. Medical management

73. Patient with chronic pancreatitis gives chain of lakes appearance in ERCP examination. Management is:
a. Total pancreatectomy (AIIMS Nov 2000)
b. Sphincteroplasty
c. Side to side pancreaticojejunostomy
d. Resecting the tail of pancreas and performing a pancreatojejunostomy

74. Pain relief in chronic pancreatitis can be obtained by destruction of: (UPSC 2000)
a. Celiac ganglia
b. Vagus nerve
c. Anterolateral column of spinal cord
d. None of the above

Ref: Sabiston 19/e p1529; Schwartz 9/e p1206; Bailey 26/e p1135, 25/e p1147; Blumgart 5/e p873; Shackelford 7/e p1137; Harrison 18/e p2646

75. A chronic alcoholic presents with abdominal pain radiating to the back that responds to analgesics. On evaluation the pancreatic duct was found to be dilated and stones were noted in the tail of pancreas. The most appropriate management is:
a. Pancreatic tail resection
b. Pancreaticojejunostomy
c. Percutaneous removal of stone
d. Medical management

76. In a patient with chronic pancreatitis limited to tail and body with MPD diameter 4 mm, ideal treatment would be:
a. Stenting (MHSSMCET 2007)
b. Puestow's operation
c. Frey's operation
d. Distal pancreatectomy

77. Operation for chronic pancreatitis are the following except:
a. Beger's procedure (MHSSMCET 2009)
b. Longitudinal pancreatojejunostomy
c. Frey procedure
d. None

78. True in pancreatic trauma: (PGI June 2006)
a. Solitary involvement common
b. Blunt injury usual cause
c. Always surgery needed
d. Amylase increases in 90% cases
e. HRCT is investigation of choice

79. The advantage of bladder drainage over enteric drainage after pancreatic transplantation is better monitoring of:
a. HBA 1C levels (All India 2009)
b. Amylase levels
c. Glucose levels
d. Electrolyte levels

Ref: Sabiston 19/e p675-679; Schwartz 9/e p290-295; Bailey 26/e p1426-1427, 25/e p1425-1426; Blumgart 5/e p1796-1805; Shackelford 7/e p1251-1260

80. Grey turner's sign (flank discoloration) is seen in:
a. Acute pyelonephritis (ComedK 2008)
b. Acute cholecystitis
c. Acute pancreatitis
d. Acute peritonitis

Ans.
67. a. Always involves… **68.** b. Somatostatin is… **69.** a. DPPHR **70.** a. Distal resection of…
71. d. Longitudinal… **72.** d. Medical management **73.** c. Side to side… **74.** a. Celiac ganglia
75. b. Pancreati… **76.** d. Distal pancreatectomy **77.** d. None **78.** d. Amylase increases…
79. b. Amylase levels **80.** c. Acute pancreatitis…

81. Management of pancreatic abscess is:
(UPSC 2008, AIIMS Nov 2002)
a. Needle aspiration
b. Cystogastrostomy
c. External drainage
d. Cystojejunostomy

Ref: Sabiston 19/e p1524; Schwartz 9/e p1185; Bailey 26/e p1132, 25/e p1142; Blumgart 5/e p858; Shackelford 7/e p1127-1128

82. Which is not a feature of pancreatic ascites: (PGI June 99)
a. Low protein
b. Somatostatin is the drug of choice
c. Communication with pancreatic duct in 80%
d. Raised amylase levels

Ref: Schwartz 9/e p1204; Bailey 26/e p1132, 25/e p1142; Shackelford 7/e p1128

83. Cullen's sign: (UPPG 2007)
a. Bluish discoloration of the flanks
b. Bluish discoloration around umbilicus
c. Migratory thrombophlebitis
d. Subcutaneous fat necrosis

84. Vascular complications of acute pancreatitis include the following except: (UPSC 2007)
a. Splenic vein thrombosis
b. Splenic artery aneurysm
c. Gastroduodenal artery aneurysm
d. Middle colic artery thrombosis

Ref: Sabiston 19/e p1526; Schwartz 9/e p1205; Bailey 26/e p1132-1133, 25/e p1144

85. Cullen's sign in seen in: (Kerala 94)
a. Acute cholecystitis
b. Acute pancreatitis
c. Acute hemorrhagic pancreatitis
d. Blunt injury abdomen

86. Grey Turner's sign in seen in: (MCI March 2005)
a. Acute appendicitis
b. Acute pancreatitis
c. Acute cholecystitis
d. Acute hepatitis

87. Management of infected pancreatic necrosis includes all of the following except: (MCI March 2010)
a. Percutaneous drainage
b. Pancreatic necrosectomy
c. Manage conservatively with antibiotics alone
d. Nutritional support

Ref: Sabiston 19/e p1524; Schwartz 9/e p1185; Bailey 26/e p1131-1132, 25/e p1142-1143; Blumgart 5/e p851; Shackelford 7/e p1127-1128

88. All are true about pancreatic ascites except:
(JIPMER GIS 2011)
a. Initial treatment is usually non-operative
b. Somatostatin helps in decreasing secretion
c. Repeated paracentesis is helpful
d. All patients respond to repeated treatment

89. All are true about pancreatic fistula except:
(JIPMER GIS 2011)
a. Occasionally results in resolution of pseudocyst
b. Fistula may be associated with severe bleeding
c. Management depends upon GI organ involved
d. They will never erode into duodenum

Ref: Sabiston 19/e p1525; Schwartz 9/e p1204

90. All are true about acute fluid collection except:
(AIIMS GIS May 2008)
a. Not associated with fibrous wall
b. Most are extra-pancreatic
c. Commonly associated with hemosuccus pancreaticus
d. Most resolve spontaneously

91. Most common metabolic complication of acute pancreatitis is : (AIIMS GIS May 2008)
a. Hyperglycemia
b. Hypocalcemia
c. Hypomagnesemia
d. Hyponatremia

92. Which of the following does not cause an increase in serum amylase: (ComedK 2008)
a. Pancreatitis
b. Carcinoma lung
c. Renal failure
d. Cardiac failure

Ref: Sabiston 19/e p1519-1526; Schwartz 9/e p1179-1185; Bailey 26/e p1127-1129, 25/e p1139-1144; Blumgart 5/e p841-851; Shackelford 7/e p1123-1130

93. Poor prognostic factor in a patient with acute pancreatitis:
(NEET Pattern, JIPMER 2011)
a. Leucocytosis >20,000/µL
b. Serum amylase
c. Serum lipase
d. Diastolic BP >90 mmHg

Ref: Sabiston 19/e p1522; Schwartz 9/e p1183; Bailey 26/e p1129, 25/e p1140; Blumgart 5/e p841-844; Shackelford 7/e p1124

94. A lady presents with three day history of epigastric pain radiating to back serum amylase levels were observed to be normal while USG abdomen reveals gall bladder stones and an enlarged pancreas. CT scan was done which clinched the diagnosis. Which of the following is the most likely diagnosis: (AI 2011)
a. Acute cholecystitis
b. Acute pancreatitis
c. Acute appendicitis
d. Acute peritonitis

95. Medical treatment of acute pancreatitis includes:
(PGI Nov 2011)
a. Calcium
b. Glucagon
c. Aprotinin
d. Cholestyramine
e. Antibiotics

Ref: Harrison 18/e p2640

96. Which of the following criteria is/are not included in Ranson's scoring: (PGI Nov 2011)
a. WBC>16,000/µl
b. Serum amylase >350 IU
c. Age >55 years
d. Serum LDH >700 IU
e. Serum AST >250 U/dL

Ans.	**81.**	a, and c. External…	**82.**	a. Low protein	**83.**	b. Bluish discoloration…	**84.**	d. Middle colic artery thrombosis
	85.	c. Acute hemorrhagic…	**86.**	b. Acute pancreatitis	**87.**	c. Manage conservatively…	**88.**	d. All patients respond…
	89.	d. They will never…	**90.**	c. Commonly associated…	**91.**	b. Hypocalcemia	**92.**	d. Cardiac failure
	93.	a. Leucocytosis…	**94.**	b. Acute Pancreatitis	**95.**	a. Calcium, e. Antibiotics	**96.**	b. Serum amylase…

97. Hyperamylasemia is seen in all except: (PGI May 2011)
a. Peritonitis
b. Acute pancreatitis
c. Carcinoma esophagus
d. Ruptured ectopic pregnancy
e. Perforated peptic ulcer

98. Ranson's scoring for acute pancreatitis includes:
a. Age >55 years (PGI May 2011)
b. WBC >16,000/μL
c. Sequestration of fluid >6L
d. BUN >10 mg/dl
e. LDH >700 IU

99. Which of the following is most diagnostic investigation for acute pancreatitis: (MHPGMCET 2003)
a. Serum amylase
b. Serum lipase
c. Serum P-isoamylase
d. Serum LDH

100. Which of the following is not a feature of acute pancreatitis: (DNB 2011, Orissa 2011)
a. Hyperbilirubinemia
b. Hypercalcemia
c. Hyperglycemia
d. Increased serum LDH level

101. Which of the following types of pancreatitis has the best prognosis: (APPG 2005, All India 2004)
a. Alcoholic pancreatitis
b. Gall stone induced pancreatitis
c. Post operative pancreatitis
d. Idiopathic pancreatitis

Ref: Oxford textbook of surgery 2/e p1766

102. Which one is not the bad prognostic sign for pancreatitis:
a. TLC >16,000/μL (AIIMS June 2000)
b. Calcium <8 mmol/L
c. Glucose >200 mg%
d. Prothrombin >2 times the control

103. Which one is not poor prognostic factor for acute pancreatitis: (AIIMS Nov 2002)
a. Hyperglycemia
b. Hypocalcemia
c. Raised LDH level in blood
d. Hyperamylasemia

104. Poor prognostic factor in acute pancreatitis is:
(PGI Dec 2001)
a. Increased serum amylase
b. Decreased calcium
c. Decreased blood sugar
d. Decreased PaO2

105. Which of the following is associated with poor prognosis in acute pancreatitis: (PGI June 2003)
a. Hypocalcemia
b. Hypercalcemia
c. Hypernatremia
d. Hyperglycemia

106. All the following can be used to predict severe acute pancreatitis except:
a. Glasgow score > 3
b. APACHE II score > 8
c. CT severity score > 6
d. C-reactive protein <100

Ref: Sabiston 19/e p1522-1523; Bailey 26/e p1128-1129; Blumgart 5/e p841-844; Shackelford 7/e p1124

107. Monu, a 30-years old male, a chronic alcoholic presents with sudden onset of epigastric pain that radiates to the back. All are seen except: (AIIMS June 2001)
a. Low serum lipase
b. Increased LDH
c. Hypocalcemia
d. Increased serum amylase

108. True about acute pancreatitis: (PGI June 2004)
a. Alcohol is the MC cause
b. 20-25% needs surgical treatment
c. CECT is preferred over USG for diagnosis
d. Serum amylase is diagnostic
e. Grey turner sign seen around the umbilicus

109. True about acute pancreatitis are all except:
a. Gallstones and alcohol are common (PGI Dec 2000)
b. S. amylase levels increase after 72 hours of attack
c. Can cause secondary pleural effusion
d. Can present with shock

110. A 21-year-old patient attended a party the previous night and gives the following symptoms, pain in abdomen radiating to back, pulse 100/min, BP 100/76; Temp 39 C and vomiting before coming. Most probable diagnosis is:
a. Acute appendicitis (AIIMS Nov 2003)
b. Acute cholecystitis
c. Acute diverticulitis
d. Acute pancreatitis

111. Which of the following is true about acute pancreatitis:
a. Pain last for several hours (PGI 2004)
b. Serum amylase levels correlates with severity of attack
c. Common in alcoholics
d. Low serum calcium levels indicate good prognosis

112. The following conditions are indications of surgery in acute pancreatitis, except: (UPSC 2004)
a. Acute fluid collection
b. Persistent pseudocyst pancreas
c. Pancreatic abscess
d. Infective pancreatic necrosis *Ref: Sabiston 19/e p1523*

113. All of the following patients presenting with abdominal pain and shock need immediate laparotomy except:
a. Ruptured ectopic pregnancy (DPG 2009 March)
b. Hemorrhagic pancreatitis
c. Rupture abdominal aortic aneurysm
d. Ruptured liver hemangioma

Ref: Bailey 25/e p1144, 24/e p945,1137,1210; Sabiston 18/e p2222; Maingot's 11/e p786,977

Ans.
97. None
98. a, b, and c.
99. b. Serum lipase
100. b. Hypercalcemia
101. b. Gall stone…
102. d. Prothrombin >2 times…
103. d. Hyperamylasemia
104. b. and d.
105. a. and d.
106. d. C-reactive protein <100
107. a. Low serum lipase
108. c. CECT is preferred over…
109. b. S. amylase levels…
110. d. Acute pancreatitis
111. a. and c.
112. a. Acute fluid collection…
113. b. Hemorrhagic…

114. Acute pancreatitis is associated with all except: (DPG 2005)
a. Steatorrhoea
b. Epigastric tenderness
c. Upper abdominal pain
d. Cullen's sign

115. A patient is admitted with severe pain in the abdomen, nausea, vomiting and fever. The most likely diagnosis is:
a. Perforated peptic ulcer (UPSC 2001)
b. Intestinal obstruction
c. Acute pancreatitis
d. Acute cholecystitis

116. A 40-years old male was brought to the hospital with acute pain in the upper abdomen. Patient was in shock with feeble pulse and tachycardia. There was tenderness present in the epigastrium. There is no blood in the gastric aspirate and the patient felt better after aspiration. X-ray abdomen showed no free gas under the diaphragm. Investigations revealed TLC 13500 serum bilirubin 2.0 mg and serum amylase 800 I.U. The most likely diagnosis is: (UPSC 2003)
a. Acute cholecystitis
b. Acute pancreatitis
c. Acute appendicitis
d. Acute hepatitis

117. Gasless abdomen in X-ray is a sign of: (AIIMS 2001)
a. Acute pancreatitis
b. Necrotizing enterocolitis
c. Ulcerative colitis
d. Intussusception

Ref: Sabiston 19/e p1521; Schwartz 9/e p1183; Bailey 26/e p1128, 1135, 1138, 25/e p1141; Shackelford 7/e p1123, 1136-1137

118. Acute pancreatitis causes all of the following except:
a. Hypercalcemia (MCI March 2005)
b. Increased amylase level
c. Subcutaneous fat necrosis
d. Hyperlipidemia

119. Which of the following is not a component of APACHE score: (DNB 2012)
a. Serum potassium
b. Serum sodium
c. Serum calcium
d. Creatinine

120. Investigation of choice for acute pancreatitis:
a. X-ray abdomen (MCI Sept 2005 and 2006)
b. CT scan
c. USG
d. ERCP

Ref: Sabiston 19/e p1521; Schwartz 9/e p1183

121. Acute pancreatitis causes all except: (DNB 2007)
a. Pleural effusion
b. Pseudocyst
c. Gall bladder stone
d. Pancreatic necrosis

122. Serum amylase level is increased in all of the following except: (MCI March 2005)
a. Intestinal obstruction
b. Perforated ulcer
c. Acute pancreatitis
d. Acute appendicitis

123. Most common causes of death due to acute pancreatitis:
a. Shock
b. Infection (DNB 2001)
c. Hypocalcemia
d. Diabetes

124. Which of the following does not correlate with severity of acute pancreatitis: (AIIMS Nov 2011, GB Pant 2010)
a. Serum glucose
b. Serum amylase
c. Serum calcium
d. AST

125. Which of the following is the most common non-alcoholic cause of acute pancreatitis: (Comed K 2008, 2007)
a. Thiazides
b. Hypercalcemia
c. Hyperlipidemia
d. Gall stones

Ref: Sabiston 19/e p1520-1521; Schwartz 9/e p1178; Bailey 26/e p1127, 25/e p1139; Blumgart 5/e p836-845; Shackelford 7/e p1123; Harrison 18/e p2635

126. The commonest cause of acute pancreatitis is:
a. Biliary calculi (ComedK 2008)
b. Alcohol abuse
c. Infective
d. Idiopathic

127. Pancreatitis may be produced by following drug:
a. Colchicine (PGI Dec 2006)
b. L-Asperaginase
c. Ciprofloxacin
d. Nalidixic acid

Ref: Sabiston 19/e p1521; Schwartz 9/e p1179; Bailey 26/e p1127, 25/e p1139; Blumgart 5/e p839

128. Common causes of acute pancreatitis is/are:
a. Alcohol (PGI Dec 2000)
b. Gall stone
c. Primary biliary cirrhosis
d. L- Asperaginase

Ans. **114.** a. Steatorrhoea **115.** c. Acute pancreatitis **116.** b. Acute pancreatitis **117.** a. Acute pancreatitis
118. a. Hypercalcemia **119.** b. Serum calcium **120.** b. CT scan **121.** c. Gall bladder stone
122. d. Acute appendicitis **123.** Ans. b. Infection **124.** b. Serum amylase **125.** d. Gall stones
126. a. Biliary calculi **127.** b. L-Asparaginase **128.** a. Alcohol, b. Gall stone

129. Most common complication after ERCP is:

a. Acute pancreatitis (AIIMS May 2007)
b. Acute cholangitis
c. Acute cholecystitis
d. Duodenal perforation

Ref: Sabiston 19/e p1521; Bailey 26/e p1127, 25/e p1139; Blumgart 5/e p840; Shackelford 7/e p1123

130. Post-operative pancreatitis is seen in which type of surgery: (MHSSMCET 2005)

a. Billroth type I
b. Splenectomy
c. Nephrectomy
d. Cardiopulmonary bypass

Ref: Schwartz 9/e p1179

131. Which of the investigation can itself leads to acute pancreatitis: (MCI March 2005)

a. USG
b. CT scan
c. ERCP
d. MRI scan

132. Hereditary chronic pancreatitis is caused by mutation of:

a. Cationic trypsinogen or PRSS1 (GB PANT 2010)
b. CFTR
c. PTSI
d. SPINK1

Ref: Sabiston 19/e p1527; Schwartz 9/e p1190; Bailey 26/e p1134, 25/e p1146; Blumgart 5/e p861; Shackelford 7/e p1134

133. All are true about chronic pancreatitis except:

a. Characterized by irregularities of pancreatic ducts, duct strictures and areas of dilatation (JIPMER GIS 2011)
b. 60-80% will give history of acute episodes
c. CT scan showing pancreatic calcification is diagnostic of chronic pancreatitis
d. Serum amylase is always raised

Ref: Sabiston 19/e p1526-1531; Schwartz 9/e p1186-1198; Bailey 26/e p1134-1137, 25/e p1146-1148; Blumgart 5/e p862-870; Shackelford 7/e p1132-1138

134. Most common symptom of chronic pancreatitis is:

a. Abdominal pain (JIPMER GIS 2011)
b. Cachexia
c. Weight loss
d. Steatorrhea

135. All are seen in chronic calcific pancreatitis except:

a. Diabetes mellitus (Kerala 2003)
b. Fat malabsorption
c. Hypercalcemia
d. Recurrent abdominal pain
e. Increased incidence of pancreatic carcinoma

Ref: Sabiston 19/e p1527; Schwartz 9/e p1190; Bailey 26/e p1134, 25/e p1146; Blumgart 5/e p861; Shackelford 7/e p1133; Harrison 18/e p2644

136. Causes of chronic tropical pancreatitis is:

a. Parasitic infection
b. Cassava ingestion
c. Idiopathic
d. Genetic

137. "Chain of lakes" appearance seen in: (UPPG 2007, 2005)

a. Acute pancreatitis
b. Chronic pancreatitis
c. Carcinoma pancreas
d. Strawberry gallbladder

138. Chronic pancreatitis seen in all except: (PGI Dec 2011)

a. Chronic renal failure
b. Intraductal mucinous carcinoma
c. Alcohol
d. Gall stones
e. Pancreatic divisum

Ref: Harrison 18/e p2643

139. Feature of chronic pancreatitis w.r.t. pancreatic cancer:

a. Smooth pancreatic duct dilation with an abrupt interruption (PGI May 2011)
b. Calcification
c. Duct penetrating sign
d. Duct/gland width ration <0.5
e. Dilation of bile and pancreatic duct

Ref: Bailey 25/e p1157; Sabiston 19/e p1528

140. TIGAR-O classification is for: (MHSSMCET 2008)

a. Acute pancreatitis
b. Chronic pancreatitis
c. Pancreatic cancer
d. Pancreatic injuries

141. True about pseudocyst pancreas: (PGI SS Dec 2009)

a. Cyst wall is lined by squamous epithelium
b. Endoscopic treatment may be curative
c. Always found in lesser sac
d. Always occur due to alcoholic pancreatitis

Ref: Sabiston 19/e p1524-1525, 531; Schwartz 9/e p1200-1203; Bailey 26/e p1133-1134, 25/e p1144-1145; Shackelford 7/e p1144-1148

142. Most common complication of pseudocyst:

a. Infection (DNB 2003, PGI SS Dec 2009)
b. Rupture
c. Hemorrhage
d. Compression

Ans. **129.** a. Acute pancreatitis **130.** b. and d. **131.** c. ERCP **132.** a. Cationic…
133. d. Serum amylase is… **134.** a. Abdominal pain **135.** c. Hypercalcemia **136.** b. Cassava ingestion
137. b. Chronic pancreatitis **138.** Non **139.** b, c, and e. **140.** b. Chronic pancreatitis
141. b. Endoscopic… **142.** a. Infection

143. Major complication of cystogastrostomy for pseudopancreatic cyst is: (ComedK 2005)
a. Infection
b. Obstruction
c. Fistula
d. Hemorrhage *Ref: CSDT 11/e p638*

144. Most common cause of pancreatic pseudocyst: (JIPMER 2010)
a. Blunt abdominal trauma
b. Pancreatic carcinoma
c. Pancreatitis
d. Post pancreatic surgery

145. Most common artery involved in pancreatic pseudoaneurysm: (PGI Nov 2009)
a. Gastroduodenal artery
b. Inferior pancreatico-duodenal artery
c. Gastric artery
d. Splenic artery
e. Hepatic artery *Ref: Maingot 11/e p977*

146. Pseudocyst of pancreas is: (MHPGMCET 2003)
a. Post traumatic cyst
b. Post inflammatory cyst
c. Congenital cyst
d. Neoplastic cyst

147. Pancreatic pseudocyst most commonly occurs after: (AI 2004)
a. Trauma
b. Pancreatitis
c. Pancreatic surgery
d. Pancreatic malignancy

148. Most common cause of pseudopancreatic cyst in children is: (AI 2004)
a. Choledochal cyst
b. Annular pancreas
c. Drug induced pancreatitis
d. Traumatic pancreatitis

149. After 3 weeks of duration pancreatic pseudocyst 5 cm in size should be managed by which method: (AIIMS Nov 2000)
a. Cystogastrostomy
b. Needle aspiration
c. External drainage
d. USG and follow up

150. Which one is not true regarding pseudocyst of pancreas: (AIIMS Nov 2006)
a. Epigastric mass
b. Increase level of amylase
c. Cystogastrostomy is the ideal treatment
d. Percutaneous aspiration is the treatment

151. All of the following statements about pseudopan-creatic cysts are true except: (AI 2004)
a. Percutaneous aspiration is treatment of choice
b. Cystojejunostomy is treatment of choice
c. Serum amylase levels are increased
d. Presents as an epigastric mass

152. All of the following are true about pseudopancreatic cyst of pancreas except: (AI 2008)
a. Common after acute pancreatitis
b. Presents as an abdominal mass
c. Serum amylase is increased
d. Most common site is in head of pancreas

153. True about pseudocyst of pancreas: (PGI June 2001)
a. Is a true cyst
b. Common with penetrating trauma abdomen
c. Treated with cystogastrostomy, if size >2 cm
d. Can present from mediastinum to pubis
e. Contains a wall of fibrous granulation tissue

154. Treatment of choice for asymptomatic pseudocyst pancreas is: (DNB 2010)
a. Marsupialization
b. Conservative
c. Drainage
d. Cystogastrostomy

155. Treatment of pseudopancreatic cyst is: (PGI June 2001)
a. Endoscopic drainage
b. Percutaneous drainage
c. Internal drainage (surgical)
d. Pancreatectomy

Ref: Sabiston 19/e p1524-1525; Bailey 26/e p1133-1134, 25/e p1145; Shackelford 7/e p1148

156. Treatment of pseudocyst of pancreas include: (JIPMER 2009)
a. Cystogastrostomy
b. Cystojejunostomy
c. Cystocolostomy
d. Excision of the cyst
e. All of the above

157. The complication least likely to occur in a pseudocyst of the pancreas is: (Kerala 2008)
a. Hemorrhage
b. Torsion
c. Infection
d. Carcinomatous change

158. All are features of pseudopancreatic cyst, except: (AI 2004)
a. Follows acute pancreatitis
b. Lined by false epithelium
c. May regress spontaneously
d. Treatment of choice is percutaneous aspiration

159. Serious complication in pancreatic pseudocyst include all of the following except: (UPSC 2003)
a. Intra-cystic hemorrhage
b. Secondary infection
c. Calcification in the cyst wall
d. Rupture of the cyst

160. Commonest complication of pseudocyst of the pancreas is: (DPG 2009 Feb)
a. Commonest into peritoneum
b. Rupture into colon
c. Hemorrhage
d. Infection

Ans.
143. d. Hemorrhage
144. c. Pancreatitis
145. d. Splenic artery
146. b. Post inflammatory cyst
147. b. Pancreatitis
148. d. Traumatic pancreatitis
149. d. USG and follow up
150. d. Percutaneous aspiration…
151. a. Percutaneous…
152. d. Most common site…
153. d. and e.
154. b. Conservative
155. a, b, c, and d.
156. a, b, and d.
157. d. Carcinomatous change
158. d. Treatment of choice is…
159. c. Calcification in…
160. d. Infection

161. Major complication of cysto-gastrostomy for pseudo pancreatic cyst is: (DPG 2011)

a. Infection
b. Obstruction
c. Fistula
d. Hemorrhage

162. Which of the following is not a complication of pseudopancreatic cyst: (MCI March 2005)

a. Malignancy
b. Rupture
c. Hemorrhage into cyst
d. Infection

163. A 20-years old football player received a hard kick in the epigastrium. A large cystic swelling appeared in the epigastrium two weeks later. The most likely diagnosis is: (UPSC 2009)

a. Hydatid cyst of liver
b. Amoebic liver abscess
c. Pseudopancreatic cyst
d. Hematoma of rectus sheath

164. Earliest genetic change in carcinoma pancreas: (ILBS 2012)

a. Her-2-neu
b. p53
c. p16
d. DCC

Ref: Sabiston 19/e p1535-1536; Schwartz 9/e p1219-1220; Bailey 26/e p1137, 25/e p1148-1152; Blumgart 5/e p912-918; Shackelford 7/e p1187-1189

165. Not a risk factor for carcinoma pancreas: (ILBS 2012)

a. Acute pancreatitis
b. Diabetes
c. Smoking
d. Obesity

Ref: Sabiston 19/e p1535-1536; Schwartz 9/e p1219-1220; Bailey 26/e p1137, 25/e p1149; Blumgart 5/e p912-918; Shackelford 7/e p1188

166. Most common mutation in pancreatic adenocarcinoma is: (GB PANT 2010)

a. K-ras
b. p16
c. p53
d. BRAF

Ref: Sabiston 19/e p1537; Schwartz 9/e p1220; Bailey 26/e p1137, 25/e p1149; Blumgart 5/e p884; Shackelford 7/e p1188

167. Which of the following doesn't predispose to CA pancreas: (AIIMS GIS May 2008)

a. Familial breast cancer
b. HNPCC
c. PJS
d. Cronkhite-Canada syndrome

168. Hereditary pancreatic carcinoma is associated with all except: (AIIMS GIS Dec 2009)

a. Ataxia telengiectasia
b. Peutz-jegher's syndrome
c. Hereditary pancreatitis
d. FAP

169. Most common oncogene involved in pancreatic carcinoma is: (AIIMS GIS Dec 2009)

a. p53
b. K-ras
c. APC
d. DCC

170. Risk factors for carcinoma of pancreas include the following except: (MHSSMCET 2006)

a. Obesity
b. Alcohol abuse
c. Peutz-Jegher's syndrome
d. History of partial gastrectomy

171. What will be your advice to a 60 years moderately obese patient with history of 4-6 cup of coffee per day, 4-6 glass of wine/day with 20 cigarettes per day. He is engaged as a salesman in a computer company. His brother died of pancreatic carcinoma: (PGI June 2004)

a. Urgent weight reduction
b. Strict vegetarian diet
c. Stop alcohol
d. Stop coffee
e. Stop cigarette smoking

172. False about pancreatic cancer association: (AIIMS GIS May 2008)

a. p53 inactivated
b. K-ras activated
c. BRCA activated
d. EGF overexpression

173. Most common oncogene mutated in CA head of pancreas: (AIIMS GIS 2003)

a. K-ras
b. p53
c. C-myc
d. BRCA 2

174. Which is not autosomal dominant: (AIIMS GIS May 2011)

a. HNPCC
b. FAMMM
c. PJS
d. Ataxia-Telengiectasia

175. Most important predictor of post-operative survival in CA pancreas: (AIIMS GIS May 2008)

a. R0 resection
b. DNA content
c. Tumor size
d. LN status

Ref: Sabiston 19/e p1541; Schwartz 9/e p1225-1226; Bailey 25/e p1150-1152; Blumgart 5/e p819-825; Shackelford 7/e p1192-1202

176. Most common primary leading to secondaries in pancreas: (AIIMS GIS May 2008)

a. Lung
b. Breast
c. Colon
d. Stomach

Ref: Sabiston 19/e p1541; Blumgart 5/e p930-933

177. Most common complication of Whipple's procedure is: (AIIMS GIS Dec 2010)

a. Delayed gastric emptying
b. Bleeding
c. Exocrine insufficiency
d. Anastomotic leak

Ref: Sabiston 19/e p1541; Schwartz 9/e p1125-1126; Blumgart 5/e p819-825; Shackelford 7/e p1200

Ans.	**161.**	d. Hemorrhage	**162.**	a. Malignancy	**163.**	c. Pseudopancreatic cyst	**164.**	a. Her-2-neu
	165.	a. Acute pancreatitis	**166.**	a. K-ras	**167.**	d. Cronkhite-Canada…	**168.**	d. FAP
	169.	b. K-ras	**170.**	d. History of partial…	**171.**	a, b, c, and e.	**172.**	c. BRCA activated
	173.	a. K-ras	**174.**	d. Ataxia-Telengiectasia	**175.**	a. R0 resection…	**176.**	a. Lung
	177.	a. Delayed gastric…						

178. A patient with obstructive jaundice due to pancreatic cancer might have all of the following clinical findings except: (ComedK 2004)
a. A palpable gall bladder
b. Pain is early in the course of the disease
c. Pulmonary metastasis
d. Thrombocytopenia

Ref: Sabiston 19/e p1537

179. Which of the following drugs has been found to increase the survival in locally advanced pancreatic cancer: (ComedK 2006)
a. Doxorubicin
b. Streptozocin
c. Gemcitabine
d. Paclitaxel

Ref: Bailey 26/e p1141; Blumgart 5/e p925; Shackelford 7/e p1202

180. Middle segment pancreatectomy avoided in: (PGI Nov 2009)
a. Cystadenoma
b. Tumors of head pancreas
c. Tumors of tail of pancreas
d. Tumor of neck of pancreas

Ref: Blumgart 5/e p959-960

181. Which of the following statements is not true about pancreatic carcinoma: (AIIMS May 2011, All India 2009)
a. Mutation in p53 gene is associated in 75% of cases
b. Hereditary pancreatitis significantly increase the risk
c. Median survival in locally advanced (stage III) disease is 3-6 months
d. Five year survival after curative pancreaticoduodenectomy is 20%

Ref: Sabiston 19/e p1541; Blumgart 5/e p922; Shackelford 7/e p1195-1196

182. Whipple's operation is done for the treatment of: (MHPGMCET 2006)
a. Hepatocellular carcinoma
b. Carcinoma of pancreatic head
c. Small intestinal tumors
d. Acute pancreatitis

183. Components of Whipple's operation are following except: (MHSSMCET 2009)
a. Gastrojejunostomy
b. Duodenojejunostomy
c. Choledochojejunostomy
d. Pancreaticoduodenostomy

Ref: Sabiston 19/e p1539; Bailey 26/e p1139-1140, 25/e p1150-1151; Shackelford 7/e p1196

184. All are resected in Whipples operation except:
(AIIMS Nov 2004, AIIMS Feb 2003, All India 2006)
a. Duodenum
b. Head of pancreas
c. Portal vein
d. Common bile duct

185. The preferred bypass procedure in case of non resectable carcinoma of head of pancreas is: (MAHE 2005)
a. Cholecystojejunostomy
b. Cholecystogastrostomy
c. Choledochoduodenostomy
d. Choledochojejunostomy

Ref: Devita 9/e p979

186. Best prognosis for carcinoma of pancreas is in the region of: (UPPG 2007)
a. Head
b. Tail
c. Body
d. Periampullary

Ref: Shackelford 7/e p1187-1206

187. What is the most common surgical complication following Whipple's procedure: (UPSC 2007)
a. Disruption of pancreatic anastomosis
b. Biliary peritonitis
c. Disruption of gastric anastomosis
d. GI bleeding

188. Treatment in periampullary carcinoma is by: (DPG 2008)
a. Endoscopic stent
b. Ampullectomy
c. Pancreaticoduodenectomy
d. Cholecystojejunostomy

189. Kocher's maneuver means: (JIPMER 2001)
a. Mobilization of gall bladder during cholecystectomy
b. Mobilization of 2nd part of duodenum
c. Mobilization of pancreas during pancreatectomy
d. Mobilization of ascending colon

190. Pancreaticoduodenectomy is the treatment of choice for: (TN 99)
a. Duodenal carcinoma
b. Pancreatic carcinoma
c. Gall bladder carcinoma
d. Gastric carcinoma

191. 5-FU is the chemotherapeutic agent of choice for all except: (PGI 2006)
a. CA breast
b. CA stomach
c. CA pancreas
d. CA colon

192. All are true about pancreatic carcinoma except: (JIPMER GIS 2011)
a. Ductal adenocarcinoma is the most common type
b. K-ras mutation and Her-2-neu overexpression are the earliest change
c. Good prognosis
d. Most cases present late

193. False about CA pancreas: (KGMC 2011)
a. Most common site is head and uncinate process
b. Pain suggests unresectability
c. Two third patients present with diabetes
d. Acute pancreatitis never occurs in CA pancreas

Ref: Sabiston 19/e p1537

194. Best tumor marker for CA head of pancreas: (AIIMS GIS 2003)
a. CA 19-9
b. CEA
c. CA 125
d. AFP

195. Best prognosis after whipples is seen in: (AIIMS GIS Dec 2006)
a. Cholangiocarcinoma
b. CA duodenum
c. CA pancreas
d. Ampullary carcinoma

Ref: Shackelford 7/e p1201

Ans.
178. b. Pain is early…
179. c. Gemcitabine
180. b. Tumors of head…
181. c. Median survival in locally…
182. b. Carcinoma of…
183. b. Duodenojejunostomy
184. c. Portal vein
185. d. Choledochojejunostomy
186. d. Ampullary
187. a. Disruption of pancreatic…
188. c. Pancreaticod….
189. b. Mobilization of…
190. b. Pancreatic…
191. c. CA pancreas
192. c. Good prognosis
193. d. Acute pancreatitis never…
194. a. CA 19-9
195. b. CA duodenum

196. Most important margin for pancreaticoduodenectomy:
a. Retroperitoneal margin (PGI SS June 2001)
b. CBD
c. Pancreatic duct
d. Intestinal margin *Ref: Shackelford 7/e p1196-1200*

197. Most common cause of death after Whipple's procedure:
a. Pancreatic anastomotic leak (PGI SS 2004)
b. Biliary anastomotic leak
c. Cardiopulmonary complications
d. Gastric leak

198. Asymptomatic, solid 4 cm tumor of distal pancreas. Treatment: (PGI SS Dec 2010)
a. Observation
b. Distal pancreatectomy with splenectomy
c. Near total pancreatectomy with splenectomy
d. Distal pancreatectomy alone
Ref: Sabiston 19/e p1540; Schwartz 9/e p1226; Bailey 26/e p1139; Shackelford 7/e p1198-199

199. Best method of localization of insulinoma: (ILBS 2011)
a. EUS with intra-operative palpation
b. MRI with dynamic CT
c. SRS
d. CECT
Ref: Sabiston 19/e p951, 956, 957; Schwartz 9/e p1217; Bailey 26/e p787-789, 25/e p817-818; Blumgart 5/e p935-937; Shackelford 7/e p1206-1210

200. Localization in insulinoma is best with: (ComedK 2011)
a. Contrast CT
b. Magnetic Resonance Imaging
c. Somatostatin Receptor Scintigraphy
d. Selective arteriography

201. A 55-years old male presents with tachycardia, sweating, palpitation, giddiness. Most probable diagnosis:
a. Insulinoma (JIPMER 2011)
b. Zollinger Ellison syndrome
c. Carcinoma pancreas
d. Carcinoid

202. All are true about insulinoma except: (PGI Nov 2009)
a. Usually asymptomatic and need no treatment
b. Usually small and multiple
c. Diazoxide and octreotide reduce insulin synthesis
d. Most common site is pancreas
e. 90% tumors are benign

203. True about insulinoma is all except: (MHPGMCET 2003)
a. Common equally in the pancreatic head, body and tail
b. Hypoglycemic attacks occur
c. Weight loss is important feature
d. Attacks respond to glucose infusion

204. Gold standard test for insulinoma: (AIIMS May 2011)
a. 72-hours fasting test
b. Plasma insulin levels
c. C-peptide levels
d. Low glucose levels<30mg/dl

205. Which of the following tests is not used in the diagnosis of insulinoma: (All India 2011)
a. Fasting blood glucose
b. Xylose test
c. C-peptide levels
d. Insulin/Glucose Ratio

206. Best modality for diagnosis of insulinoma:
a. Intra-operative USG (PGI SS June 2007)
b. Scintigraphy
c. Arteriography
d. Venous sampling

207. A lady presented with recurrent attacks of giddiness and abdominal pain since three months. Endoscopy was normal. Her fasting blood glucose was 40 mg% and insulin levels were elevated. CT abdomen showed a well defined 8 mm enhancing lesion in the head of pancreas, with no other abnormal findings. What should be the treatment plan for this patient: (AI 2010)
a. Whipple's operation
b. Enucleation
c. Enucleation with radiotherapy
d. Administration of streptozocin

208. Which of the following is the most common endocrine tumour of pancreas: (AIIMS June 2004, PGI June 2006)
a. Insulinoma
b. Gastrinoma
c. VIPoma
d. Glucagonoma

209. Insulinoma is most commonly located in which part of the pancreas: (AIIMS June 2002)
a. Head
b. Body
c. Tail
d. Equally distributed

210. Whipples triad is seen in: (DNB 2011, AIIMS Feb 2008)
a. Insulinoma
b. Somatostatinoma
c. Glucagonoma
d. CA pancreas

211. Whipples triad is seen in: (PGI Dec 2006)
a. Islet cell tumour
b. CA head pancreas
c. Argentaffinoma
d. Cholangiocarcinoma

212. Gold standard test in insulinoma is: (PGI June 2000)
a. CT scan
b. Ultrasound
c. MRI
d. Arteriography

213. Which is not true regarding insulinoma: (AIIMS Nov 2008)
a. Hypoglycemic attacks
b. Weight loss
c. Usually solitary tumour
d. Mostly benign tumour

Ans.
196. a. Retroperitoneal...
197. c. Cardiopulmonary…
198. d. Distal pancreatectomy…
199. a. EUS with intra…
200. d. Selective...
201. a. Insulinoma
202. a. Usually asymptomatic…
203. c. Weight loss is…
204. a. 72-hours fasting...
205. b. Xylose test
206. a. Intra-operative USG
207. b. Enucleation
208. a. Insulinoma
209. d. Equally distributed
210. a. Insulinoma
211. a. Islet cell tumour
212. d. Arteriography
213. b. Weight loss

214. Metastatic glucagonoma is best detected by:

a. SRS
b. CT (AIIMS GIS 2003)
c. MRI
d. USG

Ref: Sabiston 19/e p954, 956, 960; Schwartz 9/e p1219; Bailey 26/e p788, 25/e p816; Blumgart 5/e p940-941; Shackelford 7/e p1211-1212

215. Most common endocrine tumor of pancreas is:

a. Insulinoma (AIIMS GIS Dec 2006)
b. Gastrinoma
c. Somatostatinoma
d. VIPoma

216. Best investigation for neuroendocrine tumors of pancreas:

a. Portal venous sampling (AIIMS GIS Dec 2006)
b. CECT
c. EUS
d. SRS *Ref: Sabiston 19/e p954, 956, 960*

217. Migratory skin necrosis in a diabetic patient is due to:

a. Somatostatinoma (AIIMS GIS Dec 2006)
b. Glucagonoma
c. Insulinoma
d. VIPoma

218. Which is not true about non-functioning NET of pancreas:

a. Most papillomas are benign (AIIMS GIS May 2008)
b. Slow growing tumors
c. Constitute 30% of all pancreatic NET
d. Prognosis is better than other exocrine tumors

Ref: Sabiston 19/e p955, 960; Schwartz 9/e p1219; Bailey 26/e p790-791, 25/e p819-820; Blumgart 5/e p942; Shackelford 7/e p1213-1214

219. In VIPoma, not seen: (AIIMS GIS May 2008)

a. Watery diarrhea
b. Hypokalemia
c. Hypercalcemia and hyperglycemia
d. Increased acid secretion

Ref: Sabiston 19/e p954, 956, 960; Schwartz 9/e p1219; Bailey 26/e p788; Blumgart 5/e p941; Shackelford 7/e p1211

220. Gall stones are associated with which NET:

a. Insulinoma (AIIMS GIS Dec 2010)
b. VIPoma
c. Somatostatinoma
d. Glucagonoma

Ref: Sabiston 19/e p954, 956, 960; Schwartz 9/e p1219; Bailey 26/e p788; Blumgart 5/e p941-942; Shackelford 7/e p1210-1211

221. Necrolytic migratory erythema is seen in:

a. Glucagonoma (AIIMS GIS May 2011)
b. Somatostatinoma
c. VIPoma
d. Insulinoma

222. The triad of diabetes, gallstones and steatorrhoea is associated with which one of the following tumors:

a. Gastrinomas (ComedK 2009, 2007)
b. Somaststationomas
c. VIPomas
d. Glucagonomas

223. Neurotensinoma causes: (ComedK 2010)

a. Cyanosis
b. Hypertension
c. Hyperkalemia
d. Weight gain *Ref: Sabiston 19/e p954-955*

224. Most cases of neuroendocrine tumors are diagnosed by:

a. SRS (AIIMS GIS May 2008)
b. Portal venous sampling
c. Arteriography
d. CT

225. All are true about neuroendocrine tumor of pancreas:

a. Insulinoma is MC (PGI May 2011)
b. VIP causes diarrhea
c. Diarrhea is MC symptom of gastrinoma
d. Somatostatinoma causes gall stone formation
e. Gastrinoma has high chances of malignancy

226. True about pancreatic trauma: (AIIMS GIS 2003)

a. Hyperamylasemia is not specific
b. Most common is type III and IV
c. Type II is MPD disruption
d. ERCP should be done in all patients

Ref: Sabiston 19/e p462-463, 1545; Schwartz 9/e p179; Bailey 26/e p1125-1126, 25/e p1137-1138; Shackelford 7/e p1234-1239

227. Regarding injury to pancreas, which is not true:

a. Majority of postoperative complications are due to missed duct injury (AIIMS Nov 2006)
b. Fracture is common at the junction of head and body
c. Commonly associated with vascular injury
d. Peritoneal lavage is good for making the diagnosis

Ans. **214.** a. SRS **215.** a. Insulinoma **216.** d. SRS **217.** b. Glucagonoma
218. a. Most PPomas... **219.** d. Increased acid… **220.** c. Somatostatinoma **221.** a. Glucagonoma
222. b. Somaststationomas **223.** a. Cyanosis **224.** a. SRS **225.** a, b, d, and e.
226. a. Hyperamylasemia... **227.** b. and d

3. GASTROINTESTINAL SURGERY

A. Esophagus
B. Stomach and Duodenum
C. Peritoneum
D. Intestinal Obstruction
E. Small Intestine
F. Large Intestine
G. Ileostomy and Colostomy
H. Inflammatory Bowel Disease
I. Vermiform Appendix
J. Rectum and Anal Canal
K. Hernia and Abdominal Wall
L. Spleen

GASTROINTESTINAL SURGERY (QUESTIONS)

A. ESOPHAGUS

1. **Pressure of oesophagus is __mm below ambient:**
   a. 3
   b. 5 (PGI Dec 2003)
   c. 12
   d. 18

2. **'Pencil tip' deformity is seen in:** (PGI June 2001)
   a. Carcinoma esophagus
   b. Achalasia cardia
   c. Barrett's oesophagus
   d. None of the above

3. **Maximum dilatation of esophagus occurs in:** (Kerala 2004)
   a. Carcinoma at gastroesophageal junction
   b. Achalasia cardia
   c. Stricture at lower end
   d. CREST syndrome

4. **Second swallowing in barium meal studies is found in:** (JIPMER 95)
   a. Pharyngeal pouch
   b. Achalasia cardia
   c. Scleroderma
   d. Reflux esophagitis

5. **Hamman's sign is seen with:** (MHPGMCET 2006)
   a. Acute pericarditis
   b. Aortic dissection
   c. Tracheal compression
   d. Esophageal perforation *Ref: Harrison 18/e p2182*

6. **Stricture esophagus is dilated with___F dilator:**
   a. 30 (MHSSMCET 2009)
   b. 40
   c. 50
   d. 60 *Ref: Shackelford 7/e p545*

7. **Stricture esophagus may be treated by:** (MHSSMCET 2009)
   a. Metallic stent
   b. Guide wire directed stent
   c. Expandable stents
   d. Esophagectomy

8. **The Roux loop should be at least how long to avoid bile reflux esophagitis:** (MHSSMCET 2010)
   a. 30cm
   b. 40cm
   c. 50cm
   d. 60cm *Ref: Bailey 25/e p1072*

9. **A foreign body usually gets arrested in which part of esophagus:** (DNB 2003)
   a. Cardiac part of the esophagus
   b. In the middlme one-third of the esophagus
   c. Below the cricopharynx
   d. Above the cricopharynx

Ref: Schwartz 9/e p2378; Dhingra 4/e p64

10. **Diaphragm develops from all of the following structures, except:** (AI 2011)
    a. Septum transversum
    b. Pleuroperitoneal membrane
    c. Cervical myotomes
    d. Dorsal mesocardium *Ref: Langman 11/e p161*

11. **Which of the following is true about esophageal anatomy:** (JIPMER GIS 2011)
    a. Cervical esophagus is posterior and little right to trachea
    b. Thoracic esophagus is crossed by aortic arch posteriorly
    c. Thoracic esophagus is crossed by left main bronchus posteriorly
    d. Lower esophagus before entering the diaphragm is anterior and left sided

Ref: Sabiston 19/e p1014-1016; Schwartz 9/e p804-806; Shackelford 7/e p18-24

12. **Non progressive contraction of esophagus are:**
    a. Primary (AIIMS May 2011, AI 2009)
    b. Secondary
    c. Tertiary
    d. Quaternary *Ref: Sabiston 19/e p1019*

13. **Which structure crosses the esophagus at 25 cm from the incisor teeth:** (PGI 2003)
    a. Arch of aorta
    b. Bifurcation of trachea
    c. Left bronchus
    d. Left subclavian artery

Ref: Sabiston 19/e p1015; Schwartz 9/e p806; Bailey 26/e p987, 25/e p1009

14. **Distance between upper incisors and gastro esophageal junction is:** (DPG 2001)
    a. 25 cm
    b. 30 cm
    c. 40 cm
    d. 60 cm

15. **Which figures are very important to the esophagoscopist:**
    a. 10, 20 and 30 (PGI 2000, AIIMS 2003)
    b. 15, 25 and 40
    c. 20, 30 and 40
    d. 25, 35 and 45
    e. 25, 35 and 50

16. **Third constriction of the esophagus is at the level of:**
    a. Left bronchus crossing the aorta (CMC 2004)
    b. Where it pierces the diaphragm
    c. Junction of the oesophagus and stomach
    d. Cricopharynx

17. **Structure not passing through the esophageal hiatus:**
    a. Left phrenic nerve (AIIMS Nov 2011)
    b. Right vagus nerve
    c. Left vagus nerve
    d. Left gastric artery

Ans.				
	1. b. 5	**2.** b. Achalasia cardia	**3.** b. Achalasia cardia	**4.** a. Pharyngeal pouch
	5. d. Esophageal…	**6.** c. 50	**7.** b. Guide wire directed…	**8.** c. 50cm
	9. d. Above the…	**10.** d. Dorsal mesocardium	**11.** d. Lower esophagus…	**12.** c. Tertiary
	13. a. Arch… c. Left…	**14.** c. 40 cm	**15.** b. 15, 25 and 40	**16.** b. Where it pierces the…
	17. a. Left phrenic nerve			

18. The normal narrowing in the middle of the esophagus is caused by: (COMEDK 2007)

a. Azygos vein
b. Hemiazygos vein
c. Right main stem bronchus
d. Left main stem bronchus

19. False statement about esophagus: (PGI Nov 2011)

a. Thoracic esophagus is supplied directly by aorta
b. Bleeding from varices occurs from midesophagus
c. Cervical esophagus drains to deep cervical nodes
d. It has rich lymphatic network
e. Abdominal part of esophagus drains to left gastric lymph nodes

20. Esophageal atresia is most commonly associated with:

a. Respiratory anomalies (KGMC 2011)
b. Anorectal malformations
c. Genitourinary
d. CVS

Ref: Sabiston 19/e p1837-1839; Schwartz 9/e p1420-1424; Bailey 26/e p118-119, 25/e p84; Shackelford 7/e p509-515

21. Most common type of TEF: (KGMC 2011)

a. Esophageal atresia with fistula with distal segment
b. Esophageal atresia with fistula with proximal segment
c. H shaped TEF
d. Esophageal atresia only

22. The commonest type of tracheoesophageal fistula is:

a. Proximal end blind, distal end communicating with trachea (PGI June 2005)
b. Distal end blind, proximal end communicating with trachea
c. Both ends blind
d. Both ends open

23. Malignant tracheoesophageal fistula best treated with:

a. Radiotherapy (PGI May 2005)
b. Chemotherapy
c. Stenting
d. Tube
e. Surgical correction

24. Treatment of malignant tracheaesophageal fistula includes: (PGI June 2007)

a. Expandable metal stent
b. Surgery with graft
c. Gastrostomy tube
d. Radiotherapy
e. Chemotherapy

Ref: CSDT 11/e p1314; Bailey 26/e p1013, 25/e p1035

25. Most common type of tracheoesophageal fistula is:

a. H-type (MHPGMCET 2001)
b. Lower end connected to trachea
c. Upper end connected to trachea
d. Both ends blind

26. Intermittent dysphagia is caused by: (PGI June 2004)

a. Stricture
b. Reflux esophagitis
c. Achalasia cardia
d. Pharyngeal diverticulum
e. Diffuse esophageal spasm

Ref: Sabiston 19/e p344, 1069; Schwartz 9/e p827, 863

27. A 60-years old patient presenting with dysphagia of 6 weeks duration with solid foods, now can swallow only liquids. Investigation done for diagnosis: (PGI Dec 2003)

a. CXR
b. Ba swallow
c. Endoscopy
d. USG
e. CT Scan

28. Investigation of choice for dysphagia for solids:

a. Barium swallow (PGI Dec 2000)
b. Endoscopy
c. X-ray chest
d. C.T. Scan

29. A patient present with dysphagia of 4 weeks duration. Now he is able to swallow liquid food only. Which of the following is the one investigation to be done:

a. Barium studies are the best in this case (PGI June 2000)
b. Upper GI endoscopy is to be done
c. CT scan is needed
d. Esophageal manometry

30. Odynophagia occurs in:(AIIMS GIS Dec 2011, PGI June 2002)

a. Achalasia
b. Herpes esophagitis
c. Monilial esophagitis
d. Barrett's oesophagus

Ref: Harrison 18/e p2436; 16/e p218; Bailey 26/e p1041, 25/e p1041

31. A 40-years old female patient presented with dysphagia to both liquids and solids and regurgitation for 3 months. The dysphagia was non-progressive. What is the most likely diagnosis: (AIIMS May 2006)

a. Carcinoma of the esophagus
b. Lower esophageal mucosal ring
c. Achalasia cardia
d. Reflux esophagitis with esophageal stricture

32. Dysphagia lusoria is caused by: (PGI SS June 2001)

a. Abnormal elongation of arch of aorta
b. Aneurysm of arch of aorta
c. Esophageal web
d. Esophageal diverticula

Ref: Sabiston 19/e p1036-1037; Bailey 25/e p1043-1044

Ans.
18. d. Left main stem…
19. b. Bleeding from varices…
20. d. CVS
21. a. Esophageal atresia with…
22. a. Proximal end blind…
23. c. Stenting
24. a, b, and c.
25. b. Lower end…
26. b, d, and e.
27. a, b, c, d, and e.
28. b. Endoscopy
29. b. Upper GI…
30. b and c
31. c. Achalasia cardia
32. a. Abnormal elongation of…

33. All are true about dysphagia lusoria except: (DPG 2008)
- a. Right aortic arch
- b. Vascular ring
- c. Due to aberrant subclavian artery causing pressure on oesophagus
- d. Acquired in later life *Ref: Sabiston 19/e p1036-1037*

34. Which of the following is best indicator of survival in CA esophagus: (AIIMS GIS May 2008)
- a. TNM stage
- b. Resection margin
- c. Histology and location
- d. Size of tumor

Ref: Sabiston 19/e p1049-1064; Schwartz 9/e p862-870; Bailey 26/e p1004-1013, 25/e p1026-1035; Shackelford 7/e p416-434

35. Best prognosis in CA esophagus: (AIIMS GIS Dec 2010)
- a. Polypoidal
- b. Fungating
- c. Ulcerative
- d. Infiltrative *Ref: Sabiston 19/e p 1054*

36. Sievert classification is for: (KGMC 2011)
- a. Esophageal cancer
- b. Stomach cancer
- c. GE junction tumors
- d. CA pancreas *Ref: Shackelford 7/e p397*

37. Best result in esophageal carcinoma in-situ with:
- a. Endoscopic mucosal resection (AIIMS GIS Dec 2006)
- b. THE
- c. TTE
- d. PDT *Ref: Sabiston 19/e p1053, 1063*

38. Characteristic features of LN involvement on EUS in CA esophagus are all except: (AIIMS GIS Dec 2011, May 2008)
- a. Round contour
- b. Sharp border
- c. Hyperechogenic
- d. Size >1 cm *Ref: Shackelford 7/e p420-421*

39. Most commonly used chemotherapy regimen used in CA esophagus: (AIIMS GIS May 2008)
- a. 5-FU + Cisplatin
- b. Cisplatin + Vinblastine
- c. Cisplatin + Paclitaxel
- d. Cisplatin + Epirubicin

40. Which is not used in palliation in CA esophagus:
- a. EMR (AIIMS GIS May 2008)
- b. Photodynamic therapy
- c. Laser therapy
- d. Self expanding stents *Ref: Shackelford 7/e p438-448*

41. T-staging of esophagus is best done by:
- a. EUS (AIIMS GIS Dec 2011, DNB 2002)
- b. CT
- c. MRI
- d. PET

42. Commonest site of esophagus carcinoma is: (UPPG 2008)
- a. Upper 2/3rd
- b. Middle 1/3rd
- c. Lower 1/3rd
- d. Cricoesophageal junction *Ref: Shackelford 7/e p417*

43. Barium esophagogram findings in carcinoma esophagus are all except: (UPPG 2009)
- a. Rat-tail deformity
- b. Pencil tip appearance
- c. Apple-core appearance
- d. Filling defect

Ref: Surgical radiology Clinical Cases by Prabhakar Fajiah (2007/113

44. A patient presents with dysphagia of 4 weeks duration. Now he is able to swallow liquid food only. Which of the following is the one investigation to be done:
- a. Barium studies (DPG 2009 Feb)
- b. Upper GI endoscopy
- c. CT Scan
- d. Esophageal manometry

Ref: Sabiston 19/e p1052-1053; Schwartz 9/e p864-865; Bailey 26/e p1007-1008, 25/e p1028-1029; Shackelford 7/e p420

45. In CA esophagus: (PGI SS Dec 2009)
- a. Adenocarcinoma is most common in middle 1/3rd
- b. Barrett's esophagus leads to squamous cell carcinoma
- c. 5 year survival is 30%
- d. EUS can accurately stage the disease

46. Treatment of choice for CA esophagus: (PGI SS Dec 2009)
- a. Esophagectomy
- b. External radiotherapy
- c. Internal radiotherapy
- d. Chemotherapy

47. Stage of CA esophagus is best decided by:
- a. Depth of tumor (PGI SS June 2009)
- b. Size of tumor
- c. Histopathological grade
- d. Age of the patient

Ans.
33. d. Acquired in later life **34.** a. TNM stage **35.** a. Polypoidal **36.** c. GE junction tumors
37. a. Endoscopic… **38.** c. Hyperechogenic **39.** a. 5-FU + Cisplatin) **40.** a. EMR
41. a. EUS **42.** b. Middle 1/3rd **43.** b. Pencil tip deformity **44.** a. Barium studies
45. d. EUS can… **46.** a. Esophagectomy **47.** d. Depth of tumor

48. Esophageal carcinoma is adequately assessed by: (PGI SS Dec 2009)
a. Barium swallow
b. Barium swallow + endoscopy
c. Endoscopy
d. USG

49. Most common complication of placing stent in CA esophagus: (AIIMS GIS May 2011)
a. Migration
b. Chest pain
c. Perforation
d. Bleeding

Ref: Sabiston 19/e p1064; Schwartz 9/e p866; Bailey 26/e p1013, 25/e p1035; Shackelford 7/e p439-442

50. Lymph node metastasis in CA esophagus is best detected by: (AIIMS GIS May 2011)
a. PET
b. EUS
c. CT
d. Thoracoscopy + laparoscopy

Ref: Sabiston 19/e p1052-1053; Schwartz 9/e p865-866; Bailey 26/e p1007-1009, 25/e p1028-1031; Shackelford 7/e p420-421

51. Best palliation in CA esophagus: (GB Pant 2011)
a. Surgical bypass
b. Surgical placement of MB tube
c. Endoprosthesis
d. Feeding jejunostomy

52. True about CA esophagus: (PGI Dec 2003)
a. MC in middle 1/3rd
b. Adenocarcinoma is common variety
c. Carcinoma develops at the achalasia segment
d. Smoking is a risk factor
e. Endoscopy is the investigation of choice

53. Rat-tail appearance is seen in: (UPPG 2009)
a. Achalasia cardia
b. Carcinoma esophagus
c. Scleroderma
d. Reflux esophagitis

54. CA esophagus is characterized by following except: (PGI June 98, PGI Dec 96)
a. Adenocarcinoma
b. Middle 1/3rd affected
c. Dysphagia is characteristic
d. Pernicious anemia often present

55. Treatment of advanced esophageal cancer is: (DNB 2006)
a. Chemoradiation only
b. Curative en-bloc resection
c. Chemoradiation followed by curative en-bloc resection
d. Chemoradiation followed by palliative en-bloc resection

56. In esophageal carcinoma, which neoadjuvant chemotherapy is used:
a. Cisplatin
b. Cyclophosphamide
c. Doxorubicin
d. Methotrexate

57. True about esophageal carcinoma:
a. Adenocarcinoma is on the rise
b. Surgery is best treatment
c. Hoarseness of voice occurs in late cases
d. Presentation is early
e. Prognosis is good because of its site

58. Regarding esophagus malignancy-operation all are true except: (MHSSMCET 2009)
a. Thoracoscopic assisted surgery
b. Radiotherapy
c. Chemotherapy + surgery
d. Transhiatal esophagectomy

59. Transhiatal esophagectomy was planned for adenocarcinoma of lower end of esophagus. The approach would be in the following order: (AIIMS Nov 2007)
a. Abdomen-neck
b. Abdomen-thorax-neck
c. Neck-thorax-abdomen
d. Abdomen-thorax

Ref: Sabiston 19/e p1062-1064; Schwartz 9/e p868; Bailey 25/e p1034; Shackelford 7/e p429-430

60. True about carcinoma esophagus is: (Kerala 2001)
a. Most common site is lower end
b. Both adeno and squamous cell carcinoma occur
c. Commonest histology is adenocarcinoma
d. More common in females

61. Which is the most reliable diagnostic method for staging the esophageal cancer: (UPSC 2006)
a. MRI
b. Endoscopic ultrasound
c. CT scan
d. Thoracoscopy

62. Early stage of carcinoma esophagus is diagnosed by: (UPPG 2008)
a. Barium meal
b. Trans-esophageal USG
c. MRI
d. Endoscopy

63. False statements about carcinoma esophagus are all of the following except: (MCI March 2009)
a. Most common in lower third
b. Histologically, adenocarcinoma only
c. Unrelated to tobacco chewing
d. It is more common in females

64. Which of the following should never be carried out as a treatment for carcinoma esophagus: (MHPGMCET 2008)
a. Gastrostomy for palliation
b. Radiotherapy alone
c. Radical esophagectomy
d. Radiotherapy and chemotherapy

Ans. **48.** b. Barium swallow… **49.** a. Migration **50.** b. EUS **51.** c. Endoprosthesis
52. a, b, c, d, and e. **53.** a. Achalasia cardia **54.** d. Pernicious anemia… **55.** d. Chemoradiation…
56. a. Cisplatin **57.** a, b, and c. **58.** a. Thoracoscopic… **59.** a. Abdomen-Neck
60 b. Both adeno and… **61.** b. Endoscopic… **62.** b. Transesophageal USG **63.** None
64. a. Gastrostomy for palliation

65. Treatment of SCC of esophagus: (GB PANT 2011)
a. Cisplatin
b. Etoposide
c. Adriamycin
d. Bleomycin

66. True about Barrett's esophagus: (PGI Dec 2007)
a. Long esophageal segment involved
b. Metaplasia
c. Peptic ulcer
d. Para esophageal hernia
e. Leads to adenocarcinoma
Ref: Sabiston 19/e p1033-1036; Schwartz 9/e p831-832; Bailey 26/e p1000-1002, 25/e p1022-1024; Shackelford 7/e p285, 294

67. True about Barrett's esophagus: (PGI Dec 2006)
a. Metaplasia
b. Peptic stricture
c. Para esophageal hernia
d. Squamous carcinoma

68. Classically Barrett's esophagus is lined by:
a. Squamous epithelium (MHPGMCET 2009)
b. Columnar epithelium
c. Stratified columnar epithelium
d. Transitional epithelium

69. Barrett's esophagus is: (All India 2002, AIIMS June 2004)
a. Lower esophagus lined by columnar epithelium
b. Upper esophagus lined by columnar epithelium
c. Lower esophagus lined by ciliated epithelium
d. Lower esophagus lined by pseudo stratified epithelium

70. Barrett's esophagus is diagnosed by:
(AIIMS May 2012, Nov 2007, DNB 2008)
a. Squamous metaplasia
b. Intestinal metaplasia
c. Squamous dysplasia
d. Intestinal dysplasia

71. All except one are true regarding Barrett's esophagus:
a. More incidence of squamous cell carcinoma
b. Metaplasia (AIIMS Feb 2005)
c. Columnar epithelium
d. Involves lower esophagus

72. Barrett's esophagus can lead to: (AIIMS June 98)
a. Stricture
b. Reflux esophagitis
c. Peptic ulcer
d. Achalasia

73. True about Barrett's esophagus: (PGI June 2003)
a. Sequence of prolonged GERD
b. It is premalignant
c. Lower esophageal mucosa is replaced by intestinal type of epithelium
d. Varicose veins are seen
e. Predisposes to squamous cell carcinoma of esophagus

74. True about Barrett's esophagus: (PGI Dec 2003)
a. Premalignant
b. Predispose to squamous cell carcinoma
c. Can be diagnosed by endoscopy
d. Biopsy is necessary to diagnose
e. Stricture may be present in high esophagus

75. What is true regarding Barrett's esophagus:
a. Seen in females (AIIMS Nov 2002)
b. Premalignant condition
c. Responds to conservative management
d. Squamous metaplasia is seen

76. Barrett's esophagus is commonly associated with one of the following: (AIIMS May 2006)
a. Adenocarcinoma
b. Squamous cell carcinoma
c. Sarcoma
d. Gastrointestinal stromal tumor

77. Features of Barrett's esophagus are: (PGI June 2006)
a. Metaplasia
b. Always gastric type of epithelium
c. Adenocarcinoma more common
d. Present as patchy or ring involvement

78. True about Barrett's esophagus: (PGI Dec 2007)
a. Long esophageal segment involved
b. Metaplasia
c. Peptic ulcer
d. Paraesophageal hernia
e. Leads to adenocarcinoma

79. Barrett's ulcer is due to: (JIPMER 93)
a. Ischemia
b. Ectopic gastric mucosa
c. Bile reflux
d. Reflux esophagitis

80. False about Barrett's esophagus is: (DPG 2006)
a. Causes dysphagia
b. A metaplasia
c. Can lead to squamous cell carcinoma
d. Occurs in patients of long standing GERD

81. True about Barrett's esophagus are all of the following except: (MCI Sept 2009)
a. Hyperplastic change in the lining mucosa of esophagus
b. Patient is usually asymptomatic
c. Histology of the lesion shows mucus secreting goblet cells
d. Chronic gastroesophageal reflux is a predisposing factor

82. Not a component of POEMS syndrome: (JIPMER 2010)
a. Polyneuropathy
b. Esophageal atresia
c. Endocrinopathy
d. Multiple myeloma *Ref: Harrison 18/e p943*

83. Acronym 'POEMS' stand for: (PGI May 2011)
a. Esophageal dysmotility
b. Polyneuropathy
c. Endocrinopathy
d. M-protein
e. Scleroderma

Ans.								
	65.	a. Cisplatin	**66.**	a, b, and e	**67.**	a. Metaplasia, b. Peptic…	**68.**	b. Columnar epithelium
	69.	a. Lower esophagus…	**70.**	b. Intestinal metaplasia	**71.**	a. More incidence of…	**72.**	a. Stricture, c. Peptic ulcer
	73.	a, b, and c.	**74.**	a, c, d, and e.	**75.**	b. Premalignant condition	**76.**	a. Adenocarcinoma
	77.	a, c, and d.…	**78.**	a, b, c, and e.	**79.**	d. Reflux esophagitis	**80.**	c. Can lead to…
	81.	a. Hyperplastic…	**82.**	b. Esophageal atresia	**83.**	b, c, and d.		

84. Which part of esophagus is mainly affected in scleroderma: (MHPGMCET 2003)

a. Upper third
b. Middle third
c. Lower third
d. All the above

Ref: Harrison 18/e p2437; Schwartz 9/e p846-847

85. Connective tissue disorder which is associated with gastroesophageal reflux is: (PGI Dec 99)

a. SLE
b. Scleroderma
c. Behcet's syndrome
d. Dermatomyositis

86. Corkscrew esophagus is seen in which of the following conditions:

(DNB 2008, 2005, 2001, AI 2002, MHSSMCET 2005, PGI SS June 2005)

a. Carcinoma esophagus
b. Scleroderma
c. Achalasia cardia
d. Diffuse esophageal spasm

Ref: Sabiston 19/e p1028-1032; Schwartz 9/e p851-853; Bailey 26/e p1017, 25/e p1039; Shackelford 7/e p142-143

87. Motility in the upper third of the esophagus is decreased in all except: (DNB 89)

a. Pseudo-bulbar palsy
b. Chagas disease
c. Myasthenia gravis
d. Scleroderma
e. Cricopharyngeal carcinoma

Ref: Bailey 26/e p1017-1018, 25/e p1035; Sabiston 19/e p1025

88. Most common motility disorder leading to dysphagia:

a. Nut cracker esophagus (JIPMER 2010)
b. Esophageal web
c. Diffuse esophageal spasm
d. Achalasia cardia

89. LES pressure is decreased by all except: (GB Pant 2011)

a. Alcohol
b. Protein
c. Fat
d. Peppermint

Ref: Shackelford 7/e p56

90. The lower esophageal sphincter tone (pressure) is increased by: (ComedK 2005)

a. Glucagon
b. Gastrin
c. Emptying of the stomach
d. Chocolate

91. The gold standard for diagnosis of gastroesophageal reflux disease (GERD) is:

(Orissa 2011, ComedK 2008, 2007, PGI June 2007)

a. Barium swallow
b. Endoscopy
c. 24-hours pH monitoring
d. Esophageal manometry

Ref: Sabiston 19/e p1067-1081; Schwartz 9/e p827-841; Bailey 26/e p995-999, 25/e p1017-1024; Shackelford 7/e p174-180, 215-237

92. A 35-years old lady presented with dysphagia, nocturnal asthma and weight loss for 6 years. The most probable diagnosis is: (ComedK 2010)

a. Achalasia cardia
b. Lye stricture of esophagus
c. Gastroesophageal reflux disease
d. Cancer esophagus

93. Which of the following is the earliest indicator of pathological gastroesophageal reflux in infants (GERD):

a. Respiratory symptoms (All India 2011)
b. Postprandial regurgitation
c. Upper GI bleeding
d. Stricture esophagus

Ref: Nelson 18/e p1547

94. Most important pathophysiological cause of GERD is:

a. Hiatus hernia (AIIMS May 2012)
b. Transient LES relaxation
c. LES hypotension
d. Inadequate esophageal clearance

Ref: Harrison 18/e p2433

95. In GERD, what demonstrates the best anatomical picture:

a. Barium swallow (MHSSMCET 2007)
b. 24-hours pH-monitoring
c. Endoscopy
d. Manometry

96. Most common complication after Nissen's fundoplication:

a. Esophageal injuries (AIIMS GIS Dec 2011, Dec 2006)
b. Stomach injuries
c. Liver injuries
d. Pneumothorax

Ref: Shackelford 7/e p234

97. All are true about anti-reflux surgeries except:

a. Nissen's is 360 degree complete wrap (JIPMER GIS 2011)
b. Watson is 90 degree posterior
c. Toupet is 270 degree posterior
d. Dor is a partial fundoplication

98. Reflux esophagitis is prevented by: (PGI Dec 2001)

a. Long intra-abdominal esophagus
b. Increased intra-abdominal pressure
c. Right crus of diaphragm
d. Increased intra-thoracic pressure

Ans.
84. c. Lower third
85. b. Scleroderma
86. d. Diffuse esophagus…
87. d. and e
88. d. Achalasia cardia
89. b. Protein
90. b. Gastrin
91. c. 24-hours pH monitoring
92. c. Gastroesophageal…
93. a. Respiratory symptoms
94. b. Transient Les relaxation
95. a. Barium swallow
96. d. Pneumothorax
97. b. Watson is 90…
98. a, b, and c.

99. Which of the following mechanism can not prevent gastroesophageal reflux: (AIIMS Nov 98)
a. Looping fibers of right crus of diaphragm
b. Mucosal folds at gastroesophageal junction
c. Circular muscle fibres of GE sphincter
d. Angle made by the oesophagus with stomach

100. LES sphincter is relaxed by: (PGI Dec 2002)
a. Nitrates
b. H2 blockers
c. Morphine
d. Atropine
e. Calcium channel blockers

101. Lower esophageal sphincter is relaxed by: (PGI June 2003)
a. Alcohol
b. Caffeine/Tea
c. Diazepam
d. Antacid

102. Which one of the following drugs exacerbate reflux esophagitis: (ComedK 2004)
a. Chlorpropamide
b. Metoclopramide
c. Theophylline
d. Cisapride

103. The aim of preventing reflux esophagitis by repairing hiatus hernia is achieved by: (AIIMS 2004)
a. Bringing the stomach inferior to diaphragm
b. Reconstitution of the angle of hill
c. Repair of defect in diaphragm
d. All of the above

104. Peptic esophagitis: (UPSC 2000)
a. Is effectively demonstrated by barium swallow
b. Is always associated with hiatus hernia
c. Can be readily confirmed by esophagoscopy
d. Is associated with the production of higher than normal amounts of gastric acid

105. Complications of "reflux esophagitis": (MAHE 2005)
a. Stricture
b. Schatzki's ring
c. Barrett's esophagus
d. All of above

106. Most common cause of esophagitis is: (AIIMS May 2009)
a. Alcohol
b. Smoking
c. Spicy and hot food
d. Esophageal reflux

107. True about hiatus hernia: (PGI June 2008)
a. Surgery is indicated in all symptomatic cases
b. Para-esophageal type is more complicated
c. Para-esophageal type is common type
d. Common in infants

Ref: Sabiston 19/e p1081-1083; Schwartz 9/e p842-845; Bailey 26/e p1002-1003, 25/e p1024-1025; Shackelford 7/e p494-505

108. The most common complication seen in hiatus hernia is: (DNB, 2011, All India 2005)
a. Esophagitis
b. Aspiration pneumonitis
c. Volvulus
d. Esophageal stricture

109. True about sliding esophageal hernia in all cases: (PGI June 2002)
a. Esophagus always short
b. Cardia goes through hiatus
c. Cardia and fundus goes through hiatus
d. Peritoneal sac goes with paraesophageal hernia

110. Hiatus hernia is treated by: (TN 2000)
a. Surgery when medical treatment has failed
b. Nissens' fundoplication
c. Medical treatment only
d. None of the above

Ref: Sabiston 19/e p1081-1083; Schwartz 9/e p842-845; Bailey 26/e p1002-1003, 25/e p1024-1025; Shackelford 7/e p494-505

111. A 55-years old male had retrosternal discomfort unrelated to physical exertion. Pain gets worse after lying down there is partial relief with antacids. The most likely diagnosis is: (UPSC 2009)
a. Ischemic heart disease
b. Carcinoma esophagus
c. Achalasia cardia
d. Hiatus hernia

112. Most useful investigation in sliding hernia in female: (UPPG 2008)
a. Fluoroscopy
b. Barium-meal
c. Palpation method
d. Ultrasound *Ref: Bailey 26/e p1003, 25/e p1024, 24/e p1008*

113. For hiatus hernia, investigation of choice is: (DPG 2006, DPG 2005)
a. Barium meal follow through
b. Barium meal upper GI
c. Barium meal upper GI in Trendelenberg position
d. Barium meal double contrast

Ref: Bailey 26/e p1003, 25/e p1024, 24/e p1008; Internet

114. Rosetti modification of Nissen's fundoplication means: (MHSSMCET 2006)
a. Excludes the stomach wall in the warp
b. Include only the posterior stomach wall in the wrap
c. Include only the anterior stomach wall in the wrap
d. Include both the anterior and the posterior stomach wall in the wrap *Ref: Internet*

115. Fundoplication is used in treatment of: (DNB 2012, MHPGMCET 2002)
a. Hiatus hernia
b. Achalasia cardia
c. CHPS
d. CA esophagus

116. In Nissen's Fundoplication wrapping is done in: (MHSSMCET 2009)
a. 1/3
b. 1/4
c. 3/4
d. 1/2

Ref: Sabiston 19/e p1074-1077; Schwartz 9/e p836-839; Bailey 26/e p999, 25/e p1021; Shackelford 7/e p237-239

Ans. **99.** None **100.** a, c, d, and e. **101.** a, b, and e. **102.** c. Theophylline
103. d. All of the above **104.** None **105.** d. All of above **106.** d. Esophageal reflux
107. a. and b. **108.** a. Esophagitis **109.** b. Cardia goes… **110.** a. and b.
111. d. Hiatus hernia **112.** b. Barium meal **113.** c. Barium meal… **114.** c. Include only the anterior…
115. a. Hiatus hernia **116.** None

117. Which of the following is the most important determinant of prognosis in neonatal congenital diaphragmatic hernia (CDH): (AI 2011)
a. Pulmonary hypertension
b. Delay in surgery
c. Size of defect
d. Gestational age at diagnosis

Ref: Sabiston 19/e p1834-1836; Schwartz 9/e p1416-1418; Bailey 26/e p119, 25/e p84-85; Shackelford 7/e p506; Nelson 18/e p748

118. Which of the following is the least important prognostic factor in congenital diaphragmatic hernia: (AI 2011)
a. Pulmonary hypertension
b. Delay in emergent surgery
c. Size of defect
d. Gestational age at diagnosis

Ref: Nelson 18/e p748; Fundamentals of Pediatric Surgery (Springer 2011/535,536

119. All are true about Bochdalek hernia except: (GB Pant 2011)
a. Posterolateral
b. Left side
c. Present in second decade
d. Congenital

120. Most common organ that herniates in Morgagni's hernia: (MHSSMCET 2009)
a. Spleen
b. Liver
c. Stomach
d. Transverse colon

Ref: Sabiston 19/e p1834-1836; Schwartz 9/e p1416-1418; Bailey 26/e p119, 25/e p84-85; Shackelford 7/e p506

121. Which of the following is contraindication for Bag and mask ventilation: (AIIMS June 2000)
a. Septicemia
b. Tracheoesophageal fistula
c. Meconium aspiration
d. Diaphragmatic hernia

122. What is not true regarding Bochdalek hernia:
a. Early respiratory distress leading to early diagnosis and treatment are good prognostic sign
b. Stomach and transverse colon are commonest content to herniate
c. Diagnosed prenatally by ultrasound
d. Common on left posterior side

123. False regarding Bochdalek hernia is: (AIIMS Nov 2004)
a. Spleen and kidney can herniate
b. Occurs posterolaterally
c. Always occurs on right side
d. Hernia may or may not have sac

124. Not true about Bochdalek hernia: (AIIMS Nov 2009)
a. Seen on right side
b. Associated with hypoplasia of lung
c. Associated with hiatus hernia
d. Pericardial cyst is a differential diagnosis

125. The diagnostic feature of congenital diaphragmatic hernia on prenatal ultrasonography is: (AIIMS June 2001)
a. A cyst behind the left atrium
b. Mediastinal shift with normal heart axis
c. Peristalsis in the thoracic cavity
d. Absence of gas bubble under the diaphragm

126. Hernia through foramen of Bochdalek, true statement is: (PGI Dec 2007)
a. Congenital hernia
b. Is asymptomatic
c. Seen especially in males
d. Least common

127. Most common site of Morgagni hernia: (AIIMS Nov 2006)
a. Right anterior
b. Right posterior
c. Left anterior
d. Left posterior

128. In congenital diaphragmatic hernia all are seen except: (JIPMER 2008)
a. Common on left side
b. Abdominal distension
c. Can be detected antenatally
d. Heart beat shifted to right

129. Morgagni hernia: (APPG 2007)
a. Hernia between the costal and sternal part of the diaphragm
b. Hernia through the pleuriperitoneal canal
c. Hernia through the lumbar triangle
d. Hernia through inguinal canal

130. A neonate with a scaphoid abdomen and respiratory distress has: (AI 2005)
a. Congenital pyloric stenosis
b. Diaphragmatic hernia
c. Volvulus
d. Wilm's tumor

131. All are true about achalasia except: (GB Pant 2011, JIPMER GIS 2011)
a. It predisposes to malignancy
b. Body peristalsis is normal
c. LES pressure is increased
d. Dilatation of proximal segment

Ref: Sabiston 19/e p1025-1028; Schwartz 9/e p850-851, 857-860; Bailey 26/e p1014-1017, 25/e p1036-1038; Shackelford 7/e p349-352, 354-361

132. All are manometric features of achalasia except: (JIPMER GIS 2011)
a. High LES pressure
b. Decreased LES relaxation
c. Segmental body peristalsis
d. Manometry helps in diagnosis

133. A female patient has dysphagia, intermittent epigastric pain. On endoscopy, esophagus was dilated above and narrow at the bottom. Treatment is: (AIIMS May 2012)
a. PPI
b. Esophagectomy
c. Dilatation
d. Heller's cardiomyotomy

Ans. **117.** a. Pulmonary… **118.** b. Delay in emergent… **119.** c. Present in second… **120.** d. Transverse colon
121. d. Diaphragmatic… **122.** a. Early respiratory… **123.** c. Always occurs on… **124.** a. Seen on right side
125. c. Peristalsis in the… **126.** a. Congenital hernia **127.** a. Right anterior **128.** b. Abdominal distension
129. a. Hernia between… **130.** b. Diaphragmatic hernia **131.** b. Body peristalsis… **132.** c. Segmental body…
133. d. Heller's…

134. Amyl nitrate inhalation test is used to detect: (ComedK 2005)
a. CA esophagus
b. Achalasia cardia
c. Esophageal diverticulum
d. Tracheo-esophageal fistula

135. Increasing difficulty in swallowing both for solids and liquids in a woman with bird's beak appearance in X-ray seen in: (PGI June 2008)
a. Achalasia cardia
b. Carcinoma
c. Reflux esophagitis
d. Barrett's esophagus
e. Esophagitis

136. A 30-years old women comes with dysphagia for both solid and liquids and barium swallow shows parrot beak appearance. On esophageal manometry, LES pressure is increased. Management includes: (PGI June 2008)
a. Nitrates
b. Ca2+ channel blockers
c. Botulinum toxin
d. Myotomy

137. Heller's operation is done for:
(DNB 2013, DNB 2012, MHPGMCET 2002)
a. Achalasia cardia
b. Hiatus hernia
c. Diaphragmatic
d. Reflux esophagitis

138. Features of achalasia cardia are all of the following except:
a. Regurgitant vomiting (MCI March 2009, UPSC 2002)
b. Elongated and dilated esophagus
c. Rat-tail deformity and filling defect on barium study
d. Increased difficulty in swallowing

Ref: Sutton 7/e p552

139. True about achalasia cardia is: (PGI June 2002)
a. Dysphagia is a presenting symptom
b. The cause is absence of ganglion cells in Auerbach's plexus
c. Esophagectomy is the treatment
d. Motility-improving agents are used in treatment
e. Barium swallow shows irregular filling-defect in lower esophagus

140. The defect in achalasia cardia is present in: (MAHE 2008)
a. Myenterich plexus of auerbach
b. Meissner's plexus
c. Kesselbach's plexus
d. Mesenteric plexus

141. In achalasia cardia true is: (PGI June 2000)
a. Pressure at distal end increased with no peristalsis
b. Low pressure at LES with no peristalsis
c. Pressure>50mm Hg with peristalsis
d. Pressure at the distal end increased with normal relaxation

142. A young patient presents with history of dysphagia more to liquid than solids. The first investigation you will do is:
a. Barium swallow (AIIMS June 2003)
b. Esophagoscopy
c. Ultrasound of the chest
d. CT scan of the chest

143. Treatment for achalasia associated with high rate of recurrence: (All India 2002)
a. Pneumatic dilatation
b. Laparoscopic myotomy
c. Open surgical myotomy
d. Botulinum toxin

144. About achalasia cardia all are correct except:
a. Mostly in women (APPG 2003)
b. Dilated esophagus narrowing to a point
c. Heller's operation treatment of choice
d. Not a premalignant condition

145. Heller's operation is done for:
(DNB 2011, AIIMS Nov 2000, PGI June 2003)
a. Achalasia cardia
b. Pyloric stenosis
c. Peptic ulcer
d. CA Esophagus

146. Which drug is used for achalasia cardia: (PGI 2007)
a. Nifedipine
c. Propranolol
d. Atenolol
d. Bethanecol

147. All are true of achalasia cardia except: (JIPMER 2008)
a. Dysphagia
b. Aspiration pneumonitis
c. Mecholyl test is hyposensitive
d. X-ray finding of dilated esophagus with a narrow end

Ref: Internet

148. Radiologic feature suggestive of achalasia cardia is:
a. Absence of gastric air bubble (AIIMS 2009, PGI 2008)
b. Air fluid level in mediastinum
c. Sigmoid esophagus
d. All of the above

149. Following are radiological evidence of achalasia cardia except: (Karnataka 2000)
a. Smooth narrowing of esophagus
b. Dilated tortuous esophagus
c. Absence of air in the fundus
d. Exaggerated peristalsis

150. Bird's beak is seen in: (J and K 2001)
a. Volvulus
b. Intussusception
c. Achalasia
d. Ulcerative colitis

151. Achalasia cardia is characterized by all except:
a. Most common in women (UPPG 2009)
b. Dysphagia is most common symptom
c. Premalignant condition
d. Parrot beak's appearance

Ans. **137.** b. Achalasia cardia **135.** a. Achalasia cardia **136.** a, b, c, and d. **137.** a. Achalasia cardia
138. c. Rat-tail deformity… **139.** a. and d **140.** a. Myenteric plexus… **141.** a. Pressure at distal end…
142. a. Barium swallow **143.** d. Botulinum toxin **144.** d. Not a premalignant… **145.** a. Achalasia cardia
146. a. Nifedipine **147.** c. Mecholyl test is… **148.** d. All of the above **149.** d. Exaggerated peristalsis
150. a. and c. Achalasia **151.** a. Most common in women

152. Not used in treatment of achalasia cardia: (PGI May 2011)
a. Botulinum toxin
b. Fundoplication
c. Myotomy
d. Balloon dilation
e. Calcium channel blockers

153. True about achalasia cardia is all except: (MHSSMCET 2009)
a. On repeated Botox injection, recurrence rate increase
b. More common in young women
c. Surgery is treatment of choice
d. Not a premalignant condition

154. Best investigation for Zenker's diverticulum is:
a. Barium swallow (AIIMS Nov 2011, AIIMS GIS Dec 2010)
b. Endoscopy
c. CECT
d. EUS

Ref: Sabiston 19/e p1023-1024; Schwartz 9/e p847-850; Bailey 26/e p1018, 25/e p1040-1041; Shackelford 7/e p336-346

155. An elderly male present with history of dysphagia, regurgitation, foul breath and cough. Bilateral lung crepts are noted on examination. The most likely diagnosis is:
a. Schatzki's ring (AI 2012, AIIMS GIS Dec 2010)
b. Zenker's diverticulum
c. Corkscrew esophagus
d. Plummer-Vinson syndrome

156. True statement about Zenker's diverticulum:
a. Congenital (NEET Pattern, GB Pant 2011)
b. Feeling of obstruction in esophagus
c. Traction diverticulum
d. Not present with recurrent aspiration pneumonitis

157. All of the following statements about Zenker's diverticulum are true except: (AI 2009)
a. Acquired diverticulum
b. Lateral X-rays on barium swallow are often diagnostic
c. False diverticulum
d. Out pouching of the anterior pharyngeal wall just above the cricopharyngeus muscle

158. A 50-years old male, Raju presents with occasional dysphagia for solids, regurgitation of food and foul smelling breath. Probable diagnosis is: (AIIMS June 99)
a. Achalasia cardia
b. Zenker's diverticulum
c. CA esophagus
d. Diabetic gastroparesis

159. Which of the following is true about Zenker's diverticulum: (PGI Dec 2007)
a. It is asymptomatic
b. Occurs in the mid-esophagus
c. Treatment is simple excision
d. It occurs in children

160. Commonest complication of Zenker's diverticulum is:
a. Dysphonia (AIIMS Nov 96)
b. Gastroesophageal reflux
c. Lung abscess
d. Perforation

161. A male patient of age 60 years has foul breath. He regurgitates food that is eaten 3 days ago: Likely diagnosis is:
a. Zenker's diverticulum
b. Meckel's diverticulum
c. Scleroderma
d. Achalasia cardia

162. The pharyngeal diverticulum is a protrusion of mucosa between: (UPSC 2000)
a. The two parts of inferior constrictor muscle of the pharynx
b. The two parts of middle constrictor muscle of the pharynx
c. The two parts of the superior constrictor muscle of the pharynx
d. Cricopharyngeal and posterior part of suprahyoid membrane

163. Patterson brown kelly syndrome is characterized by all except: (PGI June 2000)
a. Lower esophageal web
b. Iron deficiency anemia
c. Common in adult female
d. Premalignant

Ref: Sabiston 19/e p802, 1051; Bailey 26/e p1021-1022, 25/e p737, 1043

164. Dysphagia in plummer-vinson syndrome is due to:
a. Post cricoids region commonly involved in web formation
b. Web is common in lower region
c. It is due to abnormal vessels
d. Web is common in middle zone
e. Decreased motility of esophagus

165. Not true about Plummer-vinson syndrome is: (AIIMS 97)
a. Occurs in elderly males
b. Post cricoids web
c. Predispose to hypopharynx malignancy
d. Koilonychia

166. Which of the following statement regarding Plummer-vinson syndrome is not true: (Kerala 2000)
a. It is otherwise know as patterson-brown Kelly disease
b. Iron deficiency anaemia is probably the basic cause
c. It occurs exclusively in men
d. Prone to post cricoid cancer

167. In Plummer-vinson syndrome, obstruction is due to:
a. Esophageal dysmotility (DPG 2006)
b. Esophageal stenosis
c. Post cricoid webs
d. None of the above

168. All are features of Plummer-vinson syndrome except:
a. Esophageal web (ComedK 2008)
b. Iron deficiency
c. Achalasia Cardia
d. Dysphagia

Ans. 152.	None	**153.**	d. Not a premalignant…	**154.**	a. Barium swallow	**155.**	b. Zenker's diverticulum
156.	b. Feeling of…	**157.**	d. Out pouching of…	**158.**	b. Zenker's diverticulum	**159.**	c. Treatment is simple excision
160.	c. Lung abscess	**161.**	a. Zenker's diverticulum	**162.**	a. The two parts…	**163.**	a. Lower… c. Common…
164.	A (Post cricoids…	**165.**	a. Occurs in elderly males	**166.**	c. It occurs exclusively…	**167.**	c. Post cricoid webs
168.	c. Achalasia						

169. Not a feature of Plummer-Vinson syndrome: (Punjab 2008)
a. Web present in lower part of esophagus
b. Koilonychia
c. Premalignant
d. Common in edentulous females

170. All are the predisposing factors for carcinoma esophagus are all except: (ComedK 2011)
a. Achalasia
b. Paterson brown kelly syndrome
c. Zenker's diverticulum
d. Ectodermal dysplasia
Ref: Sabiston 19/e p1049-1052; Schwartz 9/e p862-863; Bailey 26/e p1005-1006, 25/e p1026-1027; Shackelford 7/e p375-380

171. All are risk factors for epidermoid carcinoma except:
a. Achalasia (ILBS 2011)
b. Barrett's esophagus
c. Nitrosamines
d. Corrosives

172. Premalignant lesion of carcinoma esophagus includes:
a. Tylosis (PGI Nov 2011, June 2007)
b. Plummer-vinson syndrome
c. Barrett's oesophagus
d. Achalasia cardia
e. Scleroderma

173. Squamous cell carcinoma of esophagus is caused by:
a. Tobacco/Alcohol (MHPGMCET 2009)
b. Alkalies
c. GERD
d. All of the above

174. Which is not a predisposing factor for carcinoma esophagus: (Orissa 2011)
a. Esophageal diverticula
b. Plummer-Vinson syndrome
c. Mediastinal fibrosis
d. Caustic ingestion

175. The adenocarcinoma of esophagus develops in:
a. Barrett's esophagus (All India 2002, 98)
b. Long standing achalasia
c. Corrosive stricture
d. Alcohol abuse

176. Esophageal carcinoma is not predisposed by:
a. Achalasia (PGI June 2001, PGI Dec 2002)
b. Scleroderma
c. Corrosive intake
d. Barrett's esophagus

177. In carcinoma esophagus predisposing factors:
a. Tylosis (PGI Dec 2002, Dec 2000)
b. Smoking
c. Lye stricture
d. Reflux esophagitis

178. All are pre-malignant lesions for CA esophagus except:
a. Caustic injuries (PGI SS June 2005)
b. Tylosis
c. Achalasia
d. Nutcrackers esophagus

179. Risk factors for carcinoma esophagus are all except:
a. H. pylori (GB Pant 2011)
b. Plummer Vinson syndrome
c. Corrosives
d. Achalasia

180. Which is not a risk factor for squamous cell carcinoma of esophagus: (AIIMS GIS Dec 2011, May 2008)
a. H. pylori
b. Scleroderma
c. Smoking and alcohol
d. Lye strictures

181. Conduit in gastric pull up is based on:
(AIIMS GIS Dec 2011, May 2008)
a. Right gastric and right gastroepiploic artery
b. Right gastric and left gastroepiploic artery
c. Left gastric and right gastroepiploic artery
d. Left gastric and left gastroepiploic artery
Ref: Sabiston 19/e p1062-1064; Schwartz 9/e p868-869; Bailey 26/e p1011-1012, 25/e p1032-1034; Shackelford 7/e p518-520

182. Which is the best substitute for esophagus:
a. Stomach (MHSSMCET 2005, MP 2004,
b. Jejunum AI 09, PGI Dec 95)
c. Left sided colon
d. Right sided colon

183. First successful esophagectomy was done by:
a. Miculikz (AIIMS GIS Dec 2011)
b. Kaplan
c. Torek
d. Orringer *Ref: Shackelford 7/e p416*

184. Ivor Lewis operation is the treatment of choice for cancer involving _____ esophagus: (MHSSMCET 2009)
a. Upper 1/3rd
b. Middle 1/3rd
c. Lower1/3rd
d. Entire esophagus
Ref: Sabiston 19/e p1062-1064; Schwartz 9/e p868-869; Bailey 26/e p1011-1012, 25/e p1032-1034; Shackelford 7/e p427-430

185. Which of the following surgical approach was first described by Orringer for the management of carcinoma esophagus:
a. Transhiatal (J and K 2005)
b. Thoracoscopic
c. Left thoracoabdominal
d. Right thoracoabdominal

Ans.
169. a. Web present...
170. d. Ectodermal dysplasia
171. b. Barrett's esophagus
172. a, b, c, d, and e.
173. a. and b
174. . Mediastinal fibrosis
175. a. Barrett's esophagus
176. None
177. a, b, c, and d.
178. d. Nutcrackers esophagus
179. a. H. pylori
180. b. Scleroderma
181. a. Right gastric and...
182. a. Stomach
183. c. Torek
184. b. Middle 1/3rd
185. a. Transhiatal

186. Best conduit for esophageal reconstruction: (DPG 2007)
a. Colon
b. Stomach
c. Appendix
d. Ileum

187. Commonest cause for mortality in Ivor Levis operation is:
a. Pulmonary atelectasis (AIIMS Nov 2002)
b. Anastomotic leak
c. Thoracic duct fistula
d. Sub diaphragmatic collection

Ref: Sabiston 19/e p1062-1064; Schwartz 9/e p869; Shackelford 7/e p538-545

188. Which of the following operations was first described by Orringer: (ComedK 2006)
a. En-bloc esophagectomy
b. Transhiatal esophagectomy
c. Thoracoscopic esophagectomy
d. Transthoracic esophagectomy

189. The ideal replacement for the esophagus after esophagectomy is: (ComedK 2010)
a. Stomach
b. Jejunum
c. Colon
d. Synthetic stent

190. After esophagectomy, stomach tube is based on supply form: (MHSSMCET 2006)
a. Right gastroepiploic artery
b. Right gastric artery
c. Left gastroepiploic artery
d. Left gastric artery

191. Commonest benign tumour of the esophagus:
a. Leiomyoma (DPG 2009 Feb)
b. Papilloma
c. Adenoma
d. Hemangioma

Ref: Sabiston 19/e p1047-1048; Schwartz 9/e p874; Bailey 26/e p1004, 25/e p1025; Shackelford 7/e p465-469

192. Endoscopic treatment of leiomyoma of esophagus is contraindicated due to: (JIPMER GIS 2011)
a. Infection
b. Chances of dissemination
c. Perforation
d. Perforation and dissemination

193. Mackler's triad includes: (PGI Nov 2009)
a. Vomiting
b. Subcutaneous emphysema
c. Lower thoracic pain
d. Peripheral cyanosis
e. Pleural effusion

Ref: Sabiston 19/e p1043-1046; Schwartz 9/e p874-876; Bailey 26/e p992-993, 25/e p1014-1016; Shackelford 7/e p478-484

194. True about Boerhaave's syndrome: (PGI Nov 2009)
a. MC at lower 1/3rd
b. Hematemesis is early symptom
c. Acute chest pain
d. Surgically treated
e. Operation is done after 24 hours

195. True about esophageal injury: (PGI June 2009)
a. Barium swallow is diagnostic
b. Treatment is primary repair
c. MC after penetrating injury
d. Mortality increased if repair after 24 hours

196. Boerhaave's syndrome, true is: (PGI May 2005)
a. Iatrogenic
b. Silent manifestation
c. Present with acute chest pain
d. Treatment is surgical

197. Which is M.C. site for iatrogenic esophageal perforation: (DNB 2013, DNB 2012, AIIMS Nov 97)
a. Abdominal portion
b. Cervical portion
c. Above arch of aorta
d. Below arch of aorta

Ref: Sabiston 19/e p1043-1046; Schwartz 9/e p874-876; Bailey 26/e p992-993, 25/e p1014-1016; Shackelford 7/e p478-479

198. During esophagoscopy, the area in the esophagus mostly perforated is:
a. At aortic arch
b. Mid esophagus
c. At cricopharyngeal muscle
d. At esophagogastric junction

Ref: Sabiston 19/e p1043; Schwartz 9/e p874; Bailey 25/e p1015; Shackelford 7/e p478

199. Commonest cause of esophageal perforation is:
a. Acid ingestion
b. Hyperemesis
c. Instrumentation
d. Carcinoma infiltrating

200. Esophageal perforation during endoscopy occurs at:
a. Upper esophageal sphincter (PGI SS June 2009)
b. Aortic arch
c. Right bronchus
d. GE junction

201. A 40-year-old female presents with perforation of distal third of esophagus. Best form of management is:
a. Antibiotics and drainage (JIPMER GIS 2011)
b. Tubal drainage
c. Primary resection and anastomosis
d. Esophagectomy with bringing proximal end as fistula in neck

202. In majority of patient with esophageal leaks in thoracic cavity of less than 12 hours duration, the treatment of choice is: (UPSC 97)
a. Primary closure, drainage and antibiotics
b. Early esophagogastrostomy

Ans.
186. b. Stomach
187. b. Anastomotic leak
188. b. Transhiatal…
189. a. Stomach
190. a. Right… b. Right…
191. a. Leiomyoma
192. c. Perforation
193. a, b, and c.
194. a, c, and d.
195. a, b, c, and d.
196. c. and d
197. b. Cervical portion
198. c. At…
199. c. Instrumentation
200. a. Upper esophageal…
201. d. Esophagectomy with…
202. a. Primary closure…

c. Exclusion and diversion of continuity
d. Total esophagectomy and gastric pull up

203. Best flap for esophagus repair:
a. Colon
b. Stomach
c. Jejunum
d. Latissimus dorsi *Ref: Shackelford 7/e p483*

204. In esophageal perforation all are seen except: (UPPG 2000)
a. Pain
b. Bradycardia
c. Fever
d. Hypotension

205. Boerhaave's syndrome is due to: (DNB 2012, UPPG 2007)
a. Drug induced esophagus perforation
b. Corrosive injury
c. Spontaneous perforation
d. Gastro-esophageal reflux disease

206. When a 'spontaneous perforation' of the esophagus occurs as a result of severe barotrauma while a person vomits against a closed glottis, the condition is known as:
a. Mallory-weiss syndrome (UPSC 2008)
b. Plummer vinson syndrome
c. Kartagener syndrome
d. Boerhaave's syndrome

207. Longitudinal tear of esophagus is seen in:
a. Boerhaave's syndrome (MHPGMCET 2002)
b. Mallory-weiss syndrome
c. Nutcracker's esophagus
d. Lye stricture

208. Most common site of perforation of esophagus during esophagoscopy is: (MHSSMCET 2005)
a. Cricopharynx
b. Right atrial indentation
c. Bronchus indentation
d. Gastroesophageal junction

209. In Boerhaave's syndrome, perforation of esophagus is seen at: (MHSSMCET 2009)
a. Upper anterior
b. Lower posterior
c. Upper posterior
d. Lower anterior

210. Most common site a spontaneous rupture of esophagus is:
a. Cricopharyngeal junction (DNB 2009)
b. Cardioesophageal junction
c. Mid esophagus
d. After the crossing of arch of aorta

211. Schatzki's ring is: (PGI Dec 2002)
a. Mucosal ring at squamo-columnar junction
b. Muscular ring
c. Dysphagia is the symptom
d. Inflammatory stricture

Ref: Sabiston 19/e p1037-1038; Schwartz 9/e p845-846; Bailey 26/e p1019, 25/e p1041; Shackelford 7/e p89-90

212. Schatzki ring is seen at: (UPPG 2009)
a. Mid-esophagus
b. Lower-esophagus
c. Junction of lower esophagus
d. None

213. False about Schatzki Ring is: (Punjab 2007)
a. Occurs at lower part of Esophagus
b. Involves mucosa and submucosa
c. Involves mucosa, submucosa and muscularis
d. Located at Squamo-columnar junction

214. True about Schatzki's ring: (PGI Nov 2010)
a. Has skeletal muscle
b. Located at lower esophagus
c. Causes dysphagia
d. Contain all layers of oesophagus

215. Schatzki ring: (DNB 2007, MHSSMCET 2007)
a. Can be treated by PPI alone
b. Occurs at GE junction
c. Type A ring
d. Type C ring

Ref: Gastroenterol Hepatol (NY; 2010 November 6 (11: 701-704

216. Fluoroscopy is used for diagnosis of: (PGI June 2004)
a. LV function
b. Diaphragmatic palsy
c. Valvular calcification
d. Pericardial effusion

217. Diagnosis of traumatic rupture of diaphragm is made by:
a. Laparoscopy (PGI June 2007)
b. Chest X ray
c. Diagnostic peritoneal lavage
d. CT

Ref: Sabiston 19/e p454-455; Schwartz 9/e p175; Bailey 26/e p356-357, 25/e p344-345

Ans.
203. b. Stomach
204. b. Bradycardia
205. c. Spontaneous…
206. d. Boerhaave's syndrome
207. a. Boerhaave's…
208. a. Cricopharynx
209. b. Lower posterior
210. b. Cardioesophageal junction
211. a. and c
212. b. Lower esophagus
213. c. Involves mucosa,…
214. b. and c
215. b. Occurs at GE…
216. b. Diaphragmatic palsy
217. a. Laparoscopy

B. STOMACH AND DUODENUM

1. **Duodenal stricture is caused by:** (PGI Dec 2002)
   a. Amebiasis
   b. T.B.
   c. CA pancreas
   d. Crohn's disease
   e. Giardiasis
   Ref: Gastrointestinal radiology 2/e p84
2. **Deficiency of the abdominal muscle is associated with:** (PGI June 2001)
   a. Eagle-Barrett syndrome
   b. Christopher syndrome
   c. Megacystitis
   d. Megaureter *Ref: Schwartz 9/e p1443-1444*
3. **Raised gastrin level without associated increase in acid secretion is seen in:** (AIIMS Nov 2004)
   a. Carcinoma stomach
   b. Gastrinoma
   c. Pernicious anemia
   d. G-cell hyperplasia
   Ref: Sabiston 19/e p1186
4. **Hour glass stomach is seen in:** (AIIMS 2000)
   a. Gastric carcinoma
   b. Gastric ulcer
   c. Gastric Lymphoma
   d. Corrosive Strictures
5. **Deverticulum of the stomach:** (PGI 2002)
   a. Pain is the main symptom
   b. Usually at cardiac end
   c. Usually on posterior surface
   d. Inversion is the satisfactory treatment
   e. All of the above *Ref: Schwartz 9/e p941*
6. **The most frequent symptom of gastric diverticulum is:** (AIIMS 2004)
   a. Epigastric lump
   b. Hematemesis
   c. Vomiting
   d. Pain
7. **Highest pickup for gastrojuejunocolic fistula is by:** (J and K 2001)
   a. Ba swallow
   b. Ba meal
   c. Ba enema
   d. Ba meal follow through
8. **Duodenal adenocarcinoma:** (PGI 2004)
   a. Most common small bowel carcinoma
   b. Type of periampullary carcinoma
   c. Jaundice and anemia - most common symptom
   d. Local resection – curative
   Ref: Sabiston 19/e p1263; Schwartz 9/e p999; Bailey 25/e p1076; Shackelford 7/e p779
9. **In which of the following organs submucosal glands are present:** (COMEDK 2004)
   a. Colon
   b. Anal canal
   c. Duodenum
   d. Stomach *Ref: Sabiston 19/e p1229; Shackelford 7/e p826*
10. **For gastric lavage in an adult the stomach tube should be passed up to:** (COMEDK 2004)
    a. Up to 20 cm
    b. Up to 30 cm
    c. Up to 40cm
    d. Up to 50 cm *Ref: Narayan Reddy 20/e p431*
11. **Ghrelin is responsible for:** (COMEDK 2008)
    a. Stimulation of appetite
    b. Suppression of appetite
    c. Stimulation of sleep
    d. Suppression of sleep
    Ref: Sabiston 19/e p1186; Schwartz 9/e p1176-1177; Shackelford 7/e p645-646
12. **Thickened gastric folds on barium meal are seen in:** (COMEDK 2010)
    a. Leiomyosarcoma
    b. Scleroderma
    c. Amyloidosis
    d. Linnitis plastic
13. **Posterior gastric artery is a branch of:** (JIPMER 2011)
    a. Left gastric artery
    b. Right gastric artery
    c. Splenic artery
    d. Hepatic artery *Ref: Sabiston 19/e p1182; Bailey 25/e p1045*
14. **Duodenal diverticularization is indicated in:** (PGI Nov 2011)
    a. Duodenal Fistula
    b. Duodenal polyp
    c. Duodenal ulcer
    d. Pancreatic injury
    e. Duodenal injury
    Ref: Sabiston 19/e p462-463; Shackelford 7/e p688
15. **Characteristic features of type A gastritis are all except:** (MHPGMCET 2007)
    a. Gastric antrum is predominantly affected
    b. Chronic hypergastrinemia occurs
    c. Hypochlorhydria occurs
    d. Hypertrophy of gastric enterochromaffin like cells
16. **Finney's stricturoplasty is done when the length of bowel stricture is:** (MHSSMCET 2006)
    a. >1 cm
    b. >10 cm
    c. < 10 cm
    d. <2.5 cm *Ref: Shackelford 7/e p895Sabiston 19/e p1251*
17. **In Hunt lawrence pouch reconstruction, the length of pouch is:** (MHSSMCET 2008)
    a. 10 cm
    b. 15 cm
    c. 20 cm
    d. 25 cm
    Ref: Shackelford 7/e p810; Internet

Ans.
1. b, c, and d.
2. a. Eagle-Barrett syndrome
3. c. Pernicious anemia
4. b. Gastric ulcer
5. b. and c. Usually…
6. d. Pain
7. c. Ba enema
8. a, b, and c.
9. c. Duodenum
10. d. Up to 50 cm
11. a. Stimulation of appetite
12. c. Amyloidosis
13. c. Splenic artery
14. d. and e
15. a. Gastric antrum is…
16. b. >10 cm
17. b. 15cm

18. All are true about organoaxial gastric volvulus except: (AIIMS GIS Dec 2006)
a. Borchardt's triad is present
b. Usually associated with diaphragmatic defect
c. Endoscopy usually derotate
d. Occurs in elderly

Ref: Sabiston 19/e p1223; Schwartz 9/e p941; Shackelford 7/e p876-878; Bailey 26/e p1055

19. Borchardt's triad is seen in: (JIPMER GIS 2011)
a. Gastric volvulus
b. Gastric varices
c. CA stomach
d. Hyperplastic polyp

20. Borchardt's triad of acute epigastric pain violent retching and inability to pass a nasogastric tube is seen in patients with: (J and K 2005)
a. Achalasia cardia
b. Acute gastric volvulus
c. Jejunogastric intussusceptions
d. Hiatus hernia

21. Borchardt's triad is characterized by the following except: (MHSSMCET 2008)
a. Inability to pass Nasogastric tube
b. Vomiting
c. Shock
d. Diarrhea

22. Bezoar in the stomach present as: (Punjab 2009)
a. Melena
b. Perforation
c. GI obstruction
d. Diarrhea

Ref: Sabiston 19/e p1224; Schwartz 9/e p941; Bailey 26/e p1056, 25/e p1077; Shackelford 7/e p805

23. The following are the complications of trichobezoars except: (AIIMS 2008)
a. Hematemesis
b. Perforation and peritonitis
c. Obstruction
d. Malignancy

24. Trichobezoar is: (HPU 2001)
a. Hair ball in stomach in psychiatric patient
b. Tumors of stomach
c. TB of bowel
d. Collection of worms in stomach

25. True about trichobezoars are all except: (MAHE 2006)
a. It is caused by Trichuris
b. It is a psychiatric manifestation
c. Ball of hairs in the stomach
d. Pulling the hair and sucking of hair is usually seen

26. Congenital hypertrophic pyloric stenosis is associated with: (PGI May 2011)
a. Hypokalemia
b. Hypochloremic metabolic alkalosis
c. Hypochloremic metabolic acidosis
d. Hyperchloremic metabolic acidosis
e. Hyperchloremic metabolic alkalosis

Ref: Sabiston 19/e p1841; Schwartz 9/e p1425-1426; Bailey 26/e p113-114, 25/e p78-79; Shackelford 7/e p813-816

27. False regarding hypertrophic pyloric stenosis is: (Punjab 2007)
a. Ultrasonography is a diagnostic test
b. First born female child is affected
c. Non-bilious vomiting at 3 weeks after birth
d. Dilated stomach with minimal gas

28. A 3-weeks old patient presenting with vomiting and failure to thrive is found to have pyloric stenosis. What should be the next step of management: (AIIMS May 2011)
a. Its emergency so do pyloromyotomy immediately
b. Fluid resuscitation may be delayed
c. Correction of electrolyte disturbances
d. Cardiopulmonary resuscitation

29. Investigation of choice to diagnose hypertrophic pyloric stenosis in infants is: (ComedK 2011)
a. Contrast radiology
b. Gastroscopy
c. Ultrasound abdomen
d. CT abdomen

30. All are seen in hypertrophic pyloric stenosis except: (AIIMS GIS 2003)
a. Hyponatremia
b. Hypokalemia
c. Metabolic acidosis
d. Metabolic alkalosis

31. Not seen in pyloric stenosis: (AIIMS GIS Dec 2006)
a. Hypokalemia
b. Hypochloremia
c. Acidosis
d. Alkalosis

32. Hypertrophic pyloric stenosis presents as: (GB Pant 2011)
a. Mass in epigastrium
b. More common in girls
c. Congenital
d. Present at birth with bilious vomiting

33. Electrolyte disturbance in hypertrophic pyloric stenosis: (GB Pant 2011)
a. Hypokalemia
b. Hyperkalemia
c. Metabolic acidosis
d. Hypernatremia

34. Hypertrophic pyloric stenosis is characterized by: (MHPGMCET 2002)
a. Metabolic acidosis
b. Metabolic alkalosis
c. Alkaline urine
d. Paradoxical alkaluria

35. True about congenital hypertrophic pyloric stenosis (CHPS) is: (MHPGMCET 2003, DPG 2002)
a. Presents at 2-3 months of age
b. Produces bilious vomiting
c. Common in female children
d. Causes hypochloremic metabolic acidosis

Ans.	**18.** c. Endoscopy usually…	**19.** a. Gastric volvulus	**20.** b. Acute gastric volvulus	**21.** b. Vomiting
	22. c. GI obstruction	**23.** d. Malignancy	**24.** a. Hair ball in stomach…	**25.** a. It is caused by Trichuris
	26. a. and b.	**27.** b. First born female…	**28.** c. Correction of…	**29.** c. Ultrasound abdomen
	30. c. Metabolic acidosis	**31.** c. Acidosis	**32.** a. Mass in epigastrium	**33.** a. Hypokalemia
	34. b. Metabolic alkalosis	**35.** a. Presents at 2-3 months…		

36. Olive shaped mass on feeding is pathognomonic of: (DNB 2005)
a. Hypertrophic pyloric stenosis
b. Duodenal atresia
c. Jejunal atresia
d. Ileal stenosis

37. Ramsted's operation is performed for: (MHSSMCET 2005, Kerala 94)
a. Hirschsprung's disease
b. CHPS
c. Duodenal atresia
d. Anorectal malformation

38. All are false except one is case of hypertrophic pyloric stenosis: (AIIMS June 2000)
a. Symptomatic within one week
b. Lump is always clinically palpable
c. Treatment of choice is Finney's pyloroplasty
d. Ultrasonography is diagnostic test

39. What is the most characteristic of congenital hypertrophic pyloric stenosis: (AI 2003)
a. Affects the first born female child
b. The pyloric tumour is best felt during feeding
c. The patient is commonly marasmic
d. Loss of appetite occurs early

40. In a case of hypertrophic pyloric stenosis, the metabolic disturbance is: (AI 2002)
a. Respiratory alkalosis
b. Metabolic acidosis
c. Metabolic alkalosis with paradoxical aciduria
d. Metabolic alkalosis with alkaline urine

41. What is true regarding congenital hypertrophic pyloric stenosis: (AI 2001)
a. More common in girls
b. Hypocholremic alkalosis
c. Hellers myotomy is the procedure of choice
d. Most often manifests at birth

42. Clinical features of pyloric stenosis in infants are all except: (AI 93)
a. Abdominal lump
b. Constipation
c. Weight loss
d. Metabolic acidosis

43. Congenital pyloric stenosis causes: (PGI Dec 2002)
a. Bilious vomiting
b. Non-bilious vomiting
c. Projectile vomiting
d. Non-projectile vomiting
e. Forceful vomiting *Ref: Nelson 18/e p1274-1275*

44. Features of pyloric stenosis: (PGI June 2006)
a. Hypokalemic alkalosis
b. Peristalsis right to left
c. Commonly caused by carcinoma stomach
d. Retention vomiting present
e. Commonly females involved

45. Metabolic abnormalities associated with infantile pyloric stenosis in early phase include all except: (NB 2012)
a. Hypokalemia
b. Aciduria
c. Hypochloremia
d. None of the above

46. Antral obstruction with vomiting is not characterized by: (AIIMS June 2009)
a. Hypokalemia
b. Hypochloremia
c. Acidosis
d. Hyponatremia

47. Which is not true regarding gastric outlet obstruction: (AIIMS Nov 2009)
a. Hypokalemia
b. Hypochloremia
c. Alkaline urine
d. Metabolic alkalosis

48. Which is not true regarding hypertrophic pyloric stenosis: (AIIMS Nov 2005)
a. Ultrasound is not useful for diagnosis
b. Usually present between 2-8 weeks
c. Common in males
d. Dilated stomach with minimal gas

49. Make the diagnosis of a 26-day old infant presenting with recurrent non-bilious vomiting with constipation and loss of weight: (AIIMS 2007)
a. Esophageal atresia
b. Choledochal cyst
c. Ileal atresia
d. Pyloric stenosis

50. In congenital pyloric stenosis the defect usually lies in antral: (AIIMS 2001)
a. Nerve fibers
b. Circular muscle fibers
c. Longitudinal muscle fibers
d. Mucosa

51. If the mucosa was accidentally opened at operation (Ramstedt) it is wise not to feed the child orally for: (AMU 2002)
a. 12 Hours
b. 24 Hours
c. 48 Hours
d. 1 week

52. True about IHPS is all except: (AIIMS 2006)
a. Males commonly affected
b. Commonly presents at 3-8 weeks
c. X-Ray shows gastric dilation and gasless small intestines
d. USG is of no use in diagnosis

53. Which of the following is not a feature of ultrasound in CHPS: (AIIMS Nov 2011)
a. 95% sensitivity by ultrasound
b. Thickness of pylorus >4 mm
c. Channel length >16 mm
d. High gastric residue

Ans.
36. a. Hypertrophic… **37.** b. CHPS **38.** d. Ultrasonography is… **39.** b. The pyloric tumour is…
40. c. Metabolic… **41.** b. Hypocholremic alkalosis **42.** d. Metabolic acidosis **43.** b, c, d, and e.
44. a. Hypokalemic… **45.** b. Aciduria **46.** c. Acidosis **47.** c. Alkaline urine
48. a. Ultrasound is not… **49.** d. Pyloric stenosis **50.** b. Circular muscle fibers **51.** c. 48 hours
52. d. USG is of no use **53.** d. High gastric residue

54. The treatment of choice of hypertrophic pyloric stenosis of adult is: (DPG 2011)
a. Pyloromyotomy
b. Pyloroplasty
c. Billroth I gastrectomy
d. Highly selective vagotomy

55. Hypochloremia, hypokalemia and alkalosis are seen in:
a. Congenital hypertrophic pyloric stenosis
b. Hirschsprung's disease (DNB 2012, AIIMS June 2003)
c. Esophageal atresia
d. Jejunal atresia

56. For a patient of gastric outlet obstruction, the OPD fluid management is: (PGI June 2003)
a. Normal saline
b. Hypertonic saline
c. Na+ bicarbonate to counteract aciduria
d. Hypotonic saline without potassium
e. Normal saline with potassium

Ref: Sabiston 19/e p1196-1197; Schwartz 9/e p921; Bailey 26/e p1044-1045, 25/e p1065-1066; Shackelford 7/e p716-717

57. True about hypertrophic pyloric stenosis is all except:
a. Present at 4 weeks (DNB 2007)
b. First born male is commonly affected
c. Ramstedt operation is done
d. Visible peristalsis is always seen

58. Hypochloremic alkalosis is seen in:
a. Achalasia cardia (MCI March 2009)
b. Congenital hypertrophic pyloric stenosis
c. Ureterosigmoidostomy
d. Diarrhea

59. All are true about stomach lymphoma except:
a. Most common type is NHL (GB Pant 2011)
b. Large B cell type
c. Chemosensitive
d. Most common site is fundus

Ref: Sabiston 19/e p1218-1219; Schwartz 9/e p935-937; Bailey 26/e p1054, 25/e p1075; Shackelford 7/e p1035-1042

60. The commonest site of lymphoma in the gastrointestinal system is: (ComedK 2007)
a. Small bowel
b. Stomach
c. Large intestine
d. Oesophagus

61. Treatment of gastric lymphoma includes: (PGI May 2011)
a. Chemotherapy
b. Radiotherapy
c. Surgery
d. Anti-H. pylori treatment
e. Endoscopic resection

Ref: Sabiston 19/e p1219; Schwartz 9/e p936-937; Bailey 26/e p1054, 25/e p1075; Shackelford 7/e p1042

62. Indication of surgery in gastric lymphoma are all except:
a. Bleeding (PGI May 2011, AIIMS Nov 2005, Nov 2002)
b. Perforation
c. Residual disease after chemotherapy
d. Intractable pain

Ref: Sabiston 19/e p1219, 18/e p1270-1271; Bailey 26/e p1054, 25/e p1075; Oxford Surgery 5/e p174

63. False about gastric lymphoma is: (AIIMS May 2008)
a. Stomach is the most common site
b. Associated with H. pylori infection
c. Total gastrectomy with adjuvant chemotherapy is treatment of choice
d. 5-years survival rate after treatment is 60 %

64. All of the following are indications for surgery in gastric lymphomas except:
a. Bleeding
b. Perforation
c. Residual disease following chemotherapy
d. Intractable pain

65. The treatment of Hodgkin's disease of stomach is:
a. Gastric resection (Karnataka 2001)
b. Gastric resection and chemotherapy
c. Purely medical
d. None of the above

Ref: Internet

66. All are true about diffuse carcinoma of stomach except:
a. Occurs at distal end (PGI SS June 2001)
b. Occurs at cardia
c. Genetic rather than environmental cause
d. Occurs in younger patients

Ref: Sabiston 19/e p1204-1218; Schwartz 9/e p926-935; Bailey 26/e p1045-1053, 25/e p1067-1074; Shackelford 7/e p774-778

67. According to Borrman's classification, Linnitis plastica is:
a. Type I (AIIMS GIS May 2011)
b. Type II
c. Type III
d. Type IV

Ref: Sabiston 19/e p1207; Schwartz 9/e p931; Bailey 26/e p1049, 25/e p1059; Shackelford 7/e p773

68. Not seen in intestinal type of gastric cancer:
a. Decreased E-cadherin
b. APC (AIIMS GIS Dec 2011, Dec 2009)
c. Microsatellite instability
d. p53

69. Not true in case of diffuse carcinoma stomach:
a. More common (AIIMS GIS Dec 2009)
b. Poorly differentiated with signet ring cells
c. Transmural or lymphatic spread
d. Decreased E-cadherin

70. Not seen in intestinal type of gastric cancer:
a. Decreased E-cadherin (AIIMS GIS Dec 2009)
b. APC
c. p16
d. p53

71. All are true about diffuse gastric carcinoma (Lauren's) except: (JIPMER GIS 2011)
a. Blood group 'A'
b. E-cadherin positive
c. Hematogenous spread
d. Common in females

Ans.
54. a. Pyloromyotomy **55.** a. Congenital hypertrophic… **56.** e. Normal saline with… **57.** d. Visible peristalsis…
58. b. Congenital… **59.** d. Most common… **60.** b. Stomach **61.** a, b, c, and d.
62. d. Intractable pain **63.** c. Total gastrectomy with… **64.** d. Intractable pain **65.** b. Gastric resection and…
66. a. Occurs at distal end **67.** d. Type IV **68.** a. Decreased E-cadherin **69.** a. More common
70. a. Decreased… **71.** c. Hematogenous spread

72. Carcinoma stomach which perforates serosa but doesn't involve nearby structures, the stage is: (KGMC 2011)
- a. I
- b. II
- c. IIIA
- d. IIIB

73. Diffuse and intestinal variant of CA stomach both have:
- a. E-cadherin (AIIMS GIS Dec 2006)
- b. APC
- c. p53
- d. Microsatellite instability

74. Gastric lymph node station no 5: (AIIMS GIS Dec 2009)
- a. Suprapyloric
- b. Splenic hilum
- c. Lessar curvature
- d. Greater curvature

Ref: Sabiston 19/e p1210; Bailey 26/e p1049-1050, 25/e p1073

75. Level 9 lymph node includes: (AIIMS GIS Dec 2010)
- a. Celiac nodes
- b. Splenic hilum
- c. Splenic artery
- d. Hepatoduodenal ligament

76. Sister joseph's nodule may be indicated in cancer of all of the following except: (ComedK 2004)
- a. Somach
- b. Large bowel
- c. Rectum
- d. Ovary

Ref: Sabiston 19/e p1207; Schwartz 9/e p932; Bailey 26/e p1050, 25/e p1070

77. Which of the following statements about gastric carcinoma are true: (All India 2011)
- a. Squamous cell carcinoma is the most common histological subtype
- b. Often associated with hypochlorhydria/achlorhydria
- c. Occult blood in stool is not seen
- d. Highly radiosensitive tumor

78. Most common site of carcinoma of stomach is:
- a. Proximal stomach (JIPMER 2010)
- b. Gastric antrum
- c. Lesser curvature
- d. Greater curvature

79. An ulcero-proliferative lesion in the antrum of the stomach 6cm in diameter, invading the serosa, with 10 enlarged lymph nodes around and pylorus with no distant metastasis, the TNM staging is: (ComedK 2011)
- a. T2N1M0
- b. T3N2M0
- c. T4N1M0
- d. T1N3M0

80. True about gastric stump carcinoma: (PGI Nov 2009)
- a. Enterogastric reflex is the cause
- b. Prognosis good after surgery
- c. It is always adenocarcinoma in nature
- d. Diffuse type is only variety

Ref: Bailey 26/e p1053, 25/e p1061

81. All are true about gastric CA except: (PGI June 2009)
- a. H. pylori association is present
- b. D2 gastrectomy include total gastrectomy
- c. Surgical non curative lesion should not be resected
- d. Patient under total gastrectomy should be given vitamin B12
- e. Hematemesis present in majority of patients

Ref: Bailey 26/e p1050-1052, 25/e p1067, 1071, 1074

82. Independent risk factor for carcinoma stomach:
- a. H. pylori (MHPGMCET 2008)
- b. Gastrectomy with drainage procedure
- c. Vagotomy with drainage procedure
- d. All of the above

83. Troisier's sign is: (MHSSMCET 2006)
- a. Left supraclavicular lymphadenopathy
- b. Right supraclavicular lymphadenopathy
- c. Left deep neck lymphadenopathy
- d. Right deep neck lymphadenopathy

84. True about carcinoma stomach include all the following except: (MHSSMCET 2007)
- a. Smoky diet is risk factor
- b. Incidence is now decreasing in Japan and China
- c. Duodenal ulcers are not associated with gastric cancer
- d. Gastric adenocarcinoma is a radioresistant tumor

85. Most common site for carcinoma stomach is:
- a. Antrum (AIIMS June 2004)
- b. Fundus
- c. Lesser curvature
- d. Greater curvature

86. When carcinoma of stomach develops secondarily to pernicious anemia, it is usually situated in the:
- a. Pre-pyloric region (AI 2006)
- b. Pylorus
- c. Body
- d. Fundus

87. The best prognosis in carcinoma stomach is with:
- a. Superficial spreading type (UPSC 2008)
- b. Ulcerative type
- c. Linnitis plastica type
- d. Polypoidal type

Ans.				
	72. b. II	**73.** c. p53	**74.** a. Suprapyloric	**75.** a. Celiac
	76. c. Rectum	**77.** b. Often associated with…	**78.** b. Gastric antrum	**79.** None
	80. a. Enterogastric…	**81.** b, c, and e.	**82.** d. All of the above	**83.** a. Left supraclavicular…
	84. b. Incidence is now…	**85.** a. Antrum	**86.** d. Fundus	**87.** a. Superficial spreading type

88. All the following indicates early gastric cancer except: (AI 2002)

a. Involvement of mucosa
b. Involvement of mucosa and submucosa
c. Involvement of mucosa, submucosa and muscularis
d. Involvement of mucosa, submucosa and adjacent lymph nodes

Ref: Sabiston 19/e p1213; Schwartz 9/e p931; Bailey 26/e p1047, 25/e p1068; Shackelford 7/e p774-775

89. For early diagnosis of ca stomach, which method is used: (AIIMS Feb 2006)

a. Endoscopy
b. Staining with endoscopic biopsy
c. Physical examination
d. Ultrasound abdomen

Ref: Sabiston 19/e p1209-1212; Schwartz 9/e p932; Bailey 26/e p1027-1030, 25/e p1069-1070; Shackelford 7/e p774-775

90. True about gastric cancer are all except: (PGI May 2005)

a. Incidence increasing world wide
b. Incidence of upper gastric cancer increasing
c. Surgically correctable
d. Prognosis depends on the depth of the lesion than the size of the lesion.

91. True about stomach carcinoma: (PGI Dec 2000)

a. Weight loss is commonest feature
b. Secondaries are most commonly seen in peritoneum and omentum
c. Lymphatic and hematogenous spread are rare
d. Barium meal is diagnostic
e. Radioresistant

92. An adult presented with hematemesis and upper abdominal pain. Endoscopy revealed a growth at the pyloric antrum of the stomach. CT scan showed growth involving the pyloric antrum without infiltration or invasion into surrounding structures and no evidence of distant metastasis. At laparotomy neoplastic growth was observed to involve the posterior wall of stomach and the pancreas extending 6cm up to tail of pancreas. What will be the most appropriate surgical management: (AI 2010)

a. Closure of the abdomen
b. Antrectomy and vagotomy
c. Partial gastrectomy + distal pancreatectomy
d. Partial gastrectomy + distal pancreatectomy + splenectomy

Ref: Sabiston 19/e p1212-1218; Schwartz 9/e p933-935; Bailey 26/e p1050-1053, 25/e p1071-1074; Shackelford 7/e p775-778

93. Kally, a 60-years old male diagnosed to have carcinoma stomach. CT scan of abdomen showed a mass measuring 4 4 cm in the antrum with involvement of celiac nodes and right gastric nodes. Management of choice is: (AIIMS June 2001)

a. Total gastrectomy
b. Subtotal gastrectomy
c. Palliative
d. Chemotherapy

94. True about early gastric carcinoma: (PGI Dec 2002)

a. Invasion of mucosa and submucosa with neighboring lymph node
b. Invasion of mucosa and submucosa irrespective to L.N. spread
c. Endoscopic removal of lesions
d. Conservative gastrectomy

95. Operability in carcinoma stomach is indicated by all except: (PGI 2004)

a. Involvement of omental nodes
b. Involvement of lymph nodes at the celiac axis
c. Lymph node at porta hepatis
d. Solitary metastatic nodule in the liver
e. Krukenberg tumor

Ref: Schwartz 9/e p1068-1074; CSDT 11/e p1175

96. Linnitis plastica is commonly seen in: (DNB 2005, 2001, 2000)

a. Carcinoma stomach
b. Sarcoidosis
c. Lymphoma
d. Leiomyosarcoma

Ref: Robbins 8/e p786-787

97. All of the following may be features of a silent carcinoma of the body of the stomach except: (JIPMER 2000)

a. Obstructive jaundice
b. Ascites
c. Dysphagia
d. Krukenberg tumours

98. Presenting symptom of carcinoma stomach is: (APPG 2002)

a. Bleeding
b. Obstruction
c. Perforation
d. Weight loss

99. Gastric carcinoma involving the antrum with lymph node involvements. The pancreas, liver and peritoneal cavity are normal. Most appropriate surgery is:

a. Total radical gastrectomy
b. Palliative gastrectomy
c. Gastrojejunostomy
d. None of the above

100. Which one of the following types of stomach cancers carries the best prognosis: (UPSC 2008)

a. Superficial spreading
b. Ulcerative types
c. Linitis plastic type
d. Polypoidal type

101. Lymphatic drainage of CA stomach is mostly to: (DPG 2005)

a. Left gastric
b. Pyloric
c. Celiac
d. None of the above

102. Early gastric cancer: (DNB 2006)

a. Involves mucosa only
b. Involves mucosa and submucosa
c. Involves lamina propria
d. Do not involves lymph nodes

Ans.								
	88.	c. Involvement of…	**89.**	b. Staining with endoscopic…	**90.**	a. Incidence increasing…	**91.**	e. Radioresistant
	92.	c. Partial…	**93.**	b. Subtotal gastrectomy	**94.**	b, c and d.	**95.**	a and e
	96.	a. Carcinoma stomach	**97.**	c. Dysphagia	**98.**	d. Weight los	**99.**	d. None of the above
	100.	a. Superficial…	**101.**	c. Celiac	**102.**	b. Involves mucosa…		

103. Sister Mary Joseph nodule is most commonly seen with:
(AIIMS May 2009)
a. Ovarian cancer
b. Stomach cancer
c. Colon cancer
d. Pancreatic cancer

104. Sister Joseph Nodules are present at: (MCI March 2005)
a. Umbilicus
b. Diaphragm
c. Lung
d. Liver

105. Menetrier's disease is characterized by all except:
(AIIMS GIS Dec 2011)
a. Excessive protein loss
b. Excessive mucus production
c. Diarrhea
d. Hyperchlorhydria

Ref: Sabiston 19/e p1222; Schwartz 9/e p940; Bailey 26/e p1032, 25/e p1054

106. All are true about Menetrier's disease except:
(AIIMS GIS Dec 2006)
a. Protein loss
b. Hyperchlorhydria
c. Cobblestone appearance of mucosa
d. Associated with CMV and H. pylori

107. All are true about Menetrier's disease except:
(JIPMER GIS 2011)
a. Excessive protein loss
b. Decreased mucus production
c. Acquired, premalignant condition
d. H. pylori is a predisposing factor in adults

108. Thickened gastric folds are found in: (PGI June 2003)
a. Lymphoma
b. Menetrier's disease
c. Carcinoma
d. Eosinophilic gastritis
e. Giardiasis

Ref: Chapman 4th/234; Harrison 18/e p2459

109. Hypertrophic gastropathy is seen in: (PGI Dec 2005)
a. Seen in Menetrier's disease and ZES
b. It is association with malignancy
c. It shows cerebriform rugocity in stomach
d. More in fundus and body

110. Menetrier's disease is characterized by all of the following except: (ComedK 2006)
a. Giant folds in the pyloric antrum
b. Foveolar hyperplasia
c. Hypoalbuminaemia
d. Hypochlorhydria

111. Most common benign tumour of the stomach is: (PGI 2005)
a. Adenoma
b. Lipoma
c. Hamartoma
d. Leiomyoma

Ref: Sabiston 19/e p1206; Schwartz 9/e p938; Bailey 26/e p1045, 25/e p1066; Shackelford 7/e p769

112. The commonest gastric polyp is: (ComedK 2008)
a. Hyperplastic polyp
b. Inflammatory polyp
c. Adenomatous polyp
d. Part of familial polyposis

113. All are true about Dieulafoy's lesion except:
a. Angiographic embolization is the preferred treatment
b. Endoscopic treatment can be given
c. Pulsation of artery causes ulceration
d. Submucosal artery (AIIMS GIS Dec 2011)

Ref: Sabiston 19/e p1168, 1222; Schwartz 9/e p940; Bailey 26/e p1043, 25/e p1065; Shackelford 7/e p769

114. Dieulafoy's lesion: (PGI SS June 2005)
a. Within 6 cm of GE junction
b. In esophagus
c. In ileum
d. In rectum

115. Dieulafoy's lesion is: (MHSSMCET 2006)
a. Prolapse gastropathy
b. Gastric antral vascular ectasia
c. Gastric hemorrhagic telengectasias
d. Aberrant vessel in the mucosa that bleeds form a mucosal defect

116. BLEED risk criteria include all except:(AIIMS GIS Dec 2009)
a. Ongoing bleeding
b. Low urine output
c. BP <100 mmHg
d. Altered mental status

Ref: Sabiston 19/e p1161; Schwartz 9/e p912-915

117. In Forrest classification, high risk of bleeding is associated with all except: (KGMC 2011)
a. Visible vessel
b. Visible pulsatile bleeding
c. Adherent clot
d. Visible oozing from vessel

Ref: Sabiston 19/e p1165; Shackelford 7/e p711

118. In case of UGI bleeding, all are true about endoscopy except: (AIIMS GIS Dec 2009)
a. Decreases transfusion requirement
b. Leads to early discharge of the patient
c. Can detect causes in all cases
d. Best tool for localization of bleeding

Ref: Sabiston 19/e p1163; Schwartz 9/e p917; Bailey 26/e p1042, 25/e p1063-1064

119. Investigation of choice for UGI bleeding: (PGI SS 2004)
a. Endoscopy
b. Angiography
c. CT
d. Barium studies

Ans.				
	103. b. Stomach cancer	**104.** a. Umbilicus	**105.** d. Hyperchlorhydria	**106.** b. Hyperchlorhydria
	107. b. Decreased…	**108.** a, b, c, and d.	**109.** a, c and d.	**110.** a. Giant folds in the…
	111. a. Adenoma	**112.** a. Hyperplastic polyp	**113.** a. Angiographic…	**114.** a. Within 6 cm of…
	115. d. Aberrant vessel…	**116.** b. Low urine output	**117.** c. Adherent clot	**118.** c. Can detect…
	119. a. Endoscopy			

120. Most common cause of upper GI bleeding:
a. Gastric ulcer (MHPGMCET 2006)
b. Esophageal varices
c. Gastritis
d. Carcinoma stomach *Ref: Sabiston 19/e p1164*

121. The commonest cause of massive upper GI bleeding is:
a. Esophageal varices (ComedK 2005)
b. Erosive gastritis
c. Gastric carcinoma
d. Peptic ulcer

122. Which of the following is the incorrect statement regarding GI bleeding: (AIIMS Nov 2004)
a. The sensitivity of angiography for detecting GI bleeding in about 10-20% as compared to nuclear imaging
b. Angiography can image bleeding at a rate of 0.05-0.1 ml/min or less
c. 99m Tc-RBC scan will image bleeding at rates as low as 0.05-0.1ml/min
d. Angiography will detect bleeding only if extravasation is occurring during the injection of contrast
Ref: Sabiston 19/e p1174

123. Causes of upper GI bleed include are all except:
a. Peptic ulcer (PGI Dec 2002)
b. Erosive gastritis
c. Esophageal varices
d. CA stomach

124. Investigation of choice in upper GI bleeding is:
a. Ba swallow (PGI June 2001)
b. X-ray
c. Endoscopy
d. Ultrasound

125. True about upper GI bleeding: (PGI DEC 2003)
a. Melena is the only symptom
b. Bleeding occurs beyond the ampula of vater
c. Endoscopy can best diagnose it
d. Peptic ulcer is the MC cause
e. ↑ed BUN
Ref: Sabiston 19/e p1161-1167; Schwartz 9/e p917; Bailey 26/e p1042-1043, 25/e p1063-1064; Shackelford 7/e p710-713

126. A male executive, 50-years of age is seen in seen in casualty with hypotension and hematemesis. There is previous history suggestive of alcohol intake of 100 ml daily. The blood loss is around 2 litres. Most probable diagnosis is:
a. Gastritis (AIIMS June 2001)
b. Duodenal ulcer
c. Mallory-Weiss tear
d. Esophageal varices
Ref: Sabiston 19/e p1164, 18/e p1524, 1529

127. A 42-years old company executive presents with sudden upper GI bleed (5 litres) of bright red blood, with no significant previous history. The diagnosis is:
a. Esophageal varices (All India 2000)
b. Duodenal ulcer
c. Gastritis
d. Gastric erosion

128. Which of the following management procedures of acute upper gastrointestinal bleed should possibly be avoided:
a. Intravenous vasopressin (AIIMS Nov 2003)
b. Intravenous beta-blockers
c. Endoscopic sclerotherapy
d. Balloon tamponade
RefL Sabiston 19/e p1165-1167; Bailey 26/e p1043-1044, 25/e p1063-1065; Shackelford 7/e p710-713

129. Following resuscitation, a patient with bleeding esophageal varices should be treated initially with: (AIIMS Nov 2004)
a. Sclerotherapy
b. Sengstaken Blackmore tube
c. Propranolol
d. Surgery
Ref: Sabiston 19/e p1170-1173; Blumgart 5th/1129-1134; Shackelford 7/e p1597, 1599-1601; Harrison 18/e p2598

130. During sclerotherapy (by endoscopy), following are complications except: (PGI June 2005)
a. Hepatic encephalopathy
b. Perforation
c. Stenosis
d. Fibrosis
Ref: Sabiston 19/e p1434; Schwartz 9/e p1113; Blumgart 5th/1135-1138; Shackelford 7/e p1600-1601; Harrison 18/e p2598

131. A patient presented to emergency ward with massive upper gastrointestinal bleeding. On examination, he has mild splenomegaly. In the absence of any other information available, which of the following is the most appropriate therapeutic modality: (AIIMS Nov 2005)
a. Intravenous propranolol
b. Intravenous vasopressin
c. Intravenous pantoprazole
d. Intravenous somatostatin
Ref: Sabiston 19/e p1164-1167; Schwartz 9/e p917; Bailey 25/e p1063-1065

132. A patient comes with hematemesis and melena. On the upper GI endoscopy there was no significant finding. 2-days later the patient rebleeds. Next line of investigation is:
a. Emergency angiography (AIIMS May 2007)
b. Repeat upper GI endoscopy
c. Enteroscopy
d. Laparotomy *Ref: Sabiston 19/e p1166, 18/e p1218*

133. The most useful method to diagnose upper GI hemorrhage is:
a. Barium study (PGI 2002)
b. Celiac angiography
c. Gastric biopsy
d. Endoscopy

134. All of the following are common causes of hematemesis except:
a. Chronic peptic ulcer (AIIMS 2001)
b. Pernicious anemia
c. Esophageal varices
d. Carcinoma of stomach

135. Uncommon cause of upper GI bleeding: (PGI 2000)
a. Varices
b. Erosive gastritis
c. Peptic ulcer
d. Carcinoma stomach

Ans.	**120.**	a. Gastric ulcer	**121.**	a. Esophageal varices	**122.**	b. Angiography can…	**123.**	d. CA stomach
	124.	c. Endoscopy	**125.**	c, d, and e.	**126.**	b. Duodenal ulcer	**127.**	b. Duodenal ulcer
	128.	b. Intravenous…	**129.**	a. Sclerotherapy	**130.**	a. Hepatic encephalopathy	**131.**	c. Intravenous pantoprazole
	132.	b. Repeat upper…	**133.**	d. Endoscopy	**134.**	b. Pernicious anemia	**135.**	d. Carcinoma stomach

136. Minimum amount of GI bleed to cause melena is: (PGI 2004)
a. 10 ml
b. 40 ml
c. 60 ml
d. 115 ml

Ref: CSDT 11/e p548

137. The most sensitive test to detect GI bleeding is: (PGI 2009)
a. Selective angiography
b. Radiolabelled erythrocyte scanning
c. I-131 fibrinogen studies
d. Stool for occult blood

138. In the Forrest classification for bleeding peptic ulcer with a visible vessel of pigmented protuberance is classified as: (COMEDK 2006)
a. FI
b. FII a
c. FII b
d. FII c

139. 45-years executive suddenly develops hematemesis at home. He is brought to the hospital 4 hours later, there he again has a bout of hematemesis. Total blood loss would be around 2 liters. Most likely diagnosis is: (AIIMS 2001)
a. Gastritis
b. Esophagitis
c. Esophageal varices
d. Duodenal ulcer

140. PPI's for peptic ulcer disease should be taken: (JIPMER 2011)
a. Before breakfast
b. After breakfast
c. After lunch
d. After dinner

Ref: Sabiston 19/e p1194; Schwartz 9/e p913; Bailey 26/e p1035, 25/e p1057

141. Which of the following acid reducing surgery doesn't require drainage procedure: (PGI Dec 2007)
a. Highly selective vagotomy
b. Billroth-I operation
c. Antrectomy
d. Gastric resection
e. Truncal vagotomy

Ref: Sabiston 19/e p1197-1198; Schwartz 9/e p913-917; Bailey 26/e p1037-1038, 25/e p1058-1059; Shackelford 7/e p720-729

142. Highly selective vagotomy preserves: (MHPGMCET 2002)
a. Nerves of Latarjet
b. Nerve of Kuntz
c. Nerve of Mayo
d. All

143. Stump of stomach and duodenum is present in: (MHSSMCET 2006)
a. Billroth-I operation
b. Billroth-II operation
c. Whipple's operation
d. Truncal vagotomy

Ref: Sabiston 19/e p1198-1199; Schwartz 9/e p916; Bailey 26/e p1036-1038, 25/e p1059-1060; Shackelford 7/e p733-737

144. Pyloroplasty of choice when the DU is fibrosed and contracted: (MHSSMCET 2009)
a. Finney's pyloroplasty
b. Billroth type I surgery
c. Billroth type II surgery
d. Ramstet's operation

Ref: Sabiston 19/e p1251-1252; Schwartz 9/e p916; Shackelford 7/e p895

145. H. pylori is associated with _____% of gastric ulcers: (JIPMER 2011)
a. 5
b. 20
c. 40-60
d. 80

Ref: Sabiston 19/e p1191; Schwartz 9/e p908; Harrison 18/e p2442

146. A patient who has undergone partial gastrectomy presents with neurological symptoms. Most probable diagnosis: (JIPMER 2011)
a. Folic acid deficiency
b. Thiamine deficiency
c. Vitamin B12 deficiency
d. Iron deficiency

147. Treatment of high lying ulcer near gastro-esophageal junction is/are: (PGI Nov 2009)
a. Pouchet procedure
b. Kelling-madlener operation
c. Csendes procedure
d. Total gastrectomy
e. Vagotomy and pyloroplasty

Ref: Sabiston 19/e p1200; Schwartz 9/e p913-916; Bailey 26/e p1036-1038, 25/e p1059-1060; Shackelford 7/e p708-710

148. In a highly selective vagotomy, the vagal supply is severed to: (ComedK 2008)
a. Proximal two-thirds of stomach
b. Antrum
c. Pylorus
d. Whole of stomach

149. Incorrect about gastric ulcer: (PGI Nov 2009)
a. Most common on lesser curvature
b. 70% H. pylori related
c. Type IV ulcer most common type
d. Treatment is primarily medical
e. 30% GU are associated with malignancy

Ref: Harrison 18/e p2446; Chandrasoma Taylor 3rd/582, 597

150. True statement(s) regarding peptic ulcer disease: (PGI June 2009)
a. Anterior ulcer bleeds more commonly
b. Posteriorly perforated ulcer is always management conservatively
c. Anti-H. pylori drugs must be included in the treatment regime
d. H. pylori is known to increase incidence of gastric malignancies
e. Increase acid production in prerequisite for gastric ulcer

151. All of the following drugs are used in the management of peptic ulcer except: (ComedK 2005)
a. Alginic acid
b. Sucralfate
d. Misoprostol
d. Ipratropium

Ref: Sabiston 19/e p1194; Schwartz 9/e p913-915; Bailey 26/e p1035, 25/e p1057

Ans.	**136.**	c. 60 ml	**137.**	b. Radiolabelled…	**138.**	b. FII a	**139.**	d. Duodenal ulcer
	140.	a. Before breakfast	**141.**	a. Highly selective vagotomy	**142.**	a. Nerves of Latarjet	**143.**	a. Billroth I operation
	144.	a. Finney's …	**145.**	d. 80	**146.**	c. Vitamin B12 deficiency	**147.**	a, b, and c.
	148.	a. Proximal two-…	**149.**	c. and e. 30%…	**150.**	c. and d	**151.**	d. Ipratropium

152. The investigations for duodenal ulcer are: (PGI Dec 2001)
a. Hypotonic duodenography
b. Barium meal
c. Barium swallow
d. Upper GI endoscopy
e. Abdominal X-ray erect view

Ref: Sabiston 19/e p1193-1194; Schwartz 9/e p911

153. Surgery of choice for chronic duodenal ulcer is: (AIIMS June 2007)
a. Vagotomy + antrectomy
b. Total gastrectomy
c. Truncal vagotomy + pyloroplasty
d. Highly selective vagotomy

154. Patient presents with recurrent duodenal ulcer of 2.5 cm size, procedure of choice: (All India 2001)
a. Truncal vagotomy and antrectomy
b. Truncal vagotomy and gastrojejunostomy
c. Highly selective vagotomy
d. Laparoscopic vagotomy and gastrojejunostomy

155. Lowest recurrence rate in duodenal ulcer treatment is seen with: (AIIMS Nov 2001, All India 2002)
a. Highly selective vagotomy
b. Truncal vagotomy
c. Truncal vagotomy and antrectomy
d. Truncal vagotomy and pyloroplasty

156. Endoscopy is useful in diagnosis of peptic ulcer in following situations except: (JIPMER 2002)
a. Post bulbar ulcer
b. Stomal ulcers
c. Giant duodenal ulcer
d. Duodenal erosion

157. All of the following are indications for surgery in a case of duodenal ulcer except: (UPCS 96)
a. Acute perforation of ulcer
b. Pyloric stenosis
c. Massive hemorrhage
d. Typical periodicity

158. Maximal reduction in gastric acidity is achieved by: (UPCS 2002)
a. Truncal vagotomy and pyloroplasty
b. Truncal vagotomy and antrectomy
c. Partial gastrectomy
d. Highly selective vagotomy

159. Perforated peptic ulcer is treated by: (SGPGI 2005)
a. Vagotomy + Pyloroplasty
b. Vagotomy + Antrectomy
c. Vagotomy + repair of perforation
d. Graham's repair

Ref: Sabiston 19/e p1195-1196; Schwartz 9/e p916-922; Bailey 26/e p1033-1034, 25/e p1054-1055; Shackelford 7/e p701-708

160. Lesser curvature anterior seromyotomy is indicated in: (MAHE 2005)
a. Gastric ulcer
b. Gastric CA
c. Duodenal blowout
d. Duodenal ulcer

Ref: Shackelford 7/e p704, 708; Schwartz 9/e p915

161. The most commonly practiced operative procedure for a perforated duodenal ulcer is: (Karnataka 2005)
a. Vagotomy and pyloroplasty
b. Vagotomy and antrectomy
c. Vagotomy and perforation closure
d. Graham's omentum patch repair

162. In a highly selective vagotomy, the vagal supply is severed to: (COMEDK 2007)
a. Proximal two-thirds of stomach
b. Antrum
c. Pylorus
d. Whole of stomach

163. Treatment of choice in type III gastric ulcer is: (UPPG 2008)
a. Vagotomy only
b. Vagotomy and antrectomy
c. Vagotomy and pyloroplasty
d. Highly selective vagotomy

164. In type IV gastric ulcer bleed with unstable patient, treatment: (AIIMS GIS Dec 2009)
a. Csendes procedure
b. Pouchet procedure
c. Kelling Madlener procedure
d. Vagotomy and antrectomy

165. All are true about HSV except: (AIIMS GIS Dec 2006)
a. Spares antral fibers
b. Nerve of Grassi is resected
c. Pyloroplasty done
d. Gastric tone altered

166. Treatment of of type II and type III gastric ulcer: (AIIMS GIS Dec 2006)
a. Vagotomy + antrectomy
b. HSV
c. Total gastrectomy
d. Truncal vagotomy and drainage

167. HSV is done in: (AIIMS GIS Dec 2006)
a. Menetrier's disease
b. Giant gastric ulcer
c. Gastric mucosal erosions
d. Megaesophagus treatment by esophageal mucosal resection

168. Incidence of recurrence is least common in: (AIIMS GIS Dec 2011)
a. Truncal vagotomy + antrectomy
b. Highly selective vagotomy
c. Truncal vagotomy + pyloroplasty
d. Truncal vagotomy + gastrojejunostomy

169. Gastric atony is least after: (AIIMS GIS Dec 2011)
a. Truncal vagotomy + GJ
b. Truncal vagotomy + Pyloroplasty
c. Truncal vagotomy + Antrectomy
d. HSV

170. H. pylori is/are associated with: (PGI Nov 2011)
a. Peptic ulcer
b. Adenocarcinoma
c. Atrophic gastritis

Ans. **152.** a, b, and d. **153.** d. Highly selective vagotomy **154.** a. Truncal vagotomy… **155.** c. Truncal vagotomy and…
156. d. Duodenal erosion **157.** d. Typical periodicity **158.** b. Truncal vagotomy… **159.** c. Vagotomy + repair of…
160. d. Duodenal ulcer **161.** d. Graham's omentum… **162.** a. Proximal two-thirds… **163.** b. Vagotomy and antrectomy
164. c. Kelling Madlener… **165.** c. Pyloroplasty done **166.** a. Vagotomy + antrectomy **167.** a. Megaesophagus treatment…
168. a. Truncal vagotomy… **169.** d. HSV **170.** a, b, c and d

d. B cell lymphoma
e. Gastric leiomyoma

Ref: Sabiston 19/e p1191-1194; Schwartz 9/e p908-909; Bailey 26/e p1030-1031, 25/e p1051-1053; Shackelford 7/e p727-728; Harrison 18/e p1262-1264, 2441-2444

171. H. pylori has been implicated in all, except: (Orissa 2011)
a. Gastric ulcer
b. Gastric carcinoma
c. Gastric lymphoma
d. Gastric leiomyoma *Ref: Harrison 18/e p2443*

172. Which of the following is a common gastric lesion associated with H. pylori and undergoes regression following eradication of the infection: (MHPGMCET 2009)
a. Inflammatory polyp
b. Metaplastic polyp
c. Fundic gland
d. True adenomas

173. Eradication of helicobacter pylori has been proved to be beneficial in which of the following disorders of the stomach: (ComedK 2006)
a. Low grade malt lymphoma
b. Erosive gastritis
c. Carcinoma stomach
d. Gastroesophageal disease

174. A patient of peptic ulcer disease. When investigated endoscopically showed chronic antral gastritis. Which of the following dye will be able to stain the specimen:
a. PAS (AIIMS Nov 2000)
b. Zeihl-neilson stain
c. Gram stain
d. Warthin-Starry stain

175. H. pylori causes: (TN 2001)
a. Type A gastritis
b. Type B gastritis
c. Autoimmune
d. Allergic gastritis

Ref: Bailey 26/e p1031, 25/e p1053; Harrison 18/e p2458

176. H. pylori infection causes carcinoma by which mechanism:
a. Production of nitrosamines (TN 2003)
b. Gastric metaplasia
c. Increasing acid secretion
d. Causing mutation

177. H. pylori: (PGI 2004)
a. Gram negative non-flagellate spiral organism
b. Obligate parasite on gastric mucosa
c. Does not infect duodenal mucosa
d. Antibiotics not effective

178. Eradication of H. pylori has been proved to be beneficial in the following condition except: (ICS 2005)
a. Duodenal ulcer
b. Gastric ulcer
c. Low grade MALT lymphoma
d. Hypertrophic gastritis

179. Eradication of helicobacter pylori has been proved to be beneficial in which of the following disorder of the stomach:
a. Low grade malt lymphoma
b. Erosive gastritis
c. Carcinoma stomach
d. Gastroesophageal disease

180. H. pylori infection is associated with development of which malignancy: (DPG 2011)
a. Maltomas
b. Atherosclerosis
c. Sarcoma
d. Gastrointestinal stromal tumor (GIST)

181. A 30-years old male presented with massive hematemesis. A 2 2 cm ulcer was visualized on upper GI endoscopy on the posterior aspect of first part of duodenum. The bleeding vessel was visualized but bleeding could not be controlled endoscopically. Blood transfusion was done and patient was planned for surgery. His BP was 90/70 and PR=110/min with Hb=9 gm% at the time of surgery. Which of the following would be best surgical management:
a. Antrectomy with ligation of left gastric artery
b. Duodenotomy with ligation of bleeding vessels with postoperative PPI (All India 2012)
c. Duodenotomy with ligation of bleeding vessels, truncal vagotomy and pyloroplasty
d. Duodenotomy with ligation of bleeding vessels, highly selective vagotomy

Ref: Sabiston 19/e p1195-1196; Schwartz 9/e p917-918; Bailey 26/e p1040-1042, 25/e p1062-1063; Shackelford (2012 7/e p711-713

182. Which of the following vessel is most commonly involved in hemorrhage from duodenal ulcer: (All India 2012)
a. IVC
b. Gastroduodenal artery
c. SMA
d. Inferior pancreatico duodenal artery

Ref: Sabiston 19/e p1195-1196; Schwartz 9/e p917-918; Bailey 26/e p1042-1043, 25/e p1064; Shackelford 7/e p711-714

183. Which vessel is most commonly associated with a posterior duodenal ulcer: (ComedK 2008)
a. Right gastroepiploic artery
b. Common hepatic artery
c. Gastroduodenal artery
d. Superior mesenteric artery

184. Most common complication of chronic gastric ulcer is:
a. Tea pot stomach (AIIMS June 2002)
b. Scirrhous carcinoma (adenocarcinoma)
c. Perforation
d. Massive hematemesis

185. In gastric outlet obstruction in a peptic ulcer patient, the site of obstruction is most likely to be:
a. Antrum (All India 2002)
b. Duodenum
c. Pylorus
d. Pyloric canal

Ans.	**171.** d. Gastric leiomyoma	**172.** b. Metaplastic polyp	**173.** a. Low grade MALT…	**174.** d. Warthin-Starry stain
	175. b. Type B gastritis	**176.** b. Gastric metaplasia	**177.** b. Obligate parasite on…	**178.** d. Hypertrophic gastritis
	179. a. Low grade…	**180.** a. MALTomas	**181.** c. Duodenotomy with…	**182.** b. Gastroduodenal artery
	183. c. Gastroduodenal…	**184.** c. Perforation	**185.** b. Duodenum	

186. A Posteriorly perforating ulcer in the pyloric antrum of the stomach is most likely to produce initial localized peritonitis or abscess formation in the following:
a. Omental bursa (lesser sac)
b. Greater sac (PGI June 2009, All India 2003)
c. Right subphrenic space
d. Hepatorenal space (pouch of Morison)
Ref: Bailey 26/e p1040, 25/e p1062; Schwartz 9/e p921

187. A 60-years old male had a sudden fall in toilet. His BP was 90/50 mmHg and PR=100/min. His relatives reported that he is a known case of hypertension and CAD and was regularly taking aspirin, atenolol and sorbitrate. The most likely diagnosis:
a. Gastric ulcer with bleeding (AIIMS May 2012)
b. Acute MI with cardiogenic shock
c. Acute CVA
d. Pulmonary embolism *Ref: Harrison 18/e p2444*

188. Treatment of perforated peptic ulcer includes:
a. IV fluids (PGI Dec 2001)
b. Drainage of paracolic gutter
c. Immediate surgery
d. Antacids
e. IV pantoprazole
Ref: Sabiston 19/e p1196; Schwartz 9/e p921; Bailey 26/e p1041-1042, 25/e p1062-1063; Shackelford 7/e p713-716

189. Percentage of patients with perforated peptic ulcer who show free gas under the diaphragm: (UPPG 2009)
a. 100%
b. 75%
c. 50%
d. 90% *Ref: Schwartz 9/e p2644*

190. Commonest cause of death in peptic ulcer patients is:
a. Perforation (All India 2001)
b. Hemorrhage
c. Pyloric stenosis
d. Malignancy

191. Investigation of choice in peptic ulcer perforation is:
a. USG (KERALA 2000)
b. X-ray abdomen
c. Paracentesis
d. CT scan

192. About 6-8 hours after peptic ulcer perforation the disappearance of abdominal wall rigidity is due to:
a. Cessation of acid secretion in the stomach
b. Revival from initial shock (UPSC 2001)
c. Dilution of acid in the peritoneal cavity
d. Fatigue of reflex arc

193. Posterior perforation of peptic ulcer drain into: (DNB 2009)
a. Omental bursa
b. Greater sac
c. Foramen of winslow
d. Paracolic gutter

194. Prognosis in a case of duodenal perforation is determined by all except: (PGI 2004)
a. Age of the patient
b. Duration of history
c. Basal pneumonia
d. Peritonitis *Ref: Shackelford 7/e p714*

195. Peptic ulcer is associated with all except one:
a. Cirrhosis (AIIMS Feb 2007)
b. Zollinger Ellison syndrome
c. Primary hyperparathyroidism
d. Pernicious anemia
Ref: Sabiston 19/ep1191-1201; Schwartz 9/e p907-922; Bailey 26/e p1032-1036, 25/e p1054-1060; Shackelford 7/e p701-718

196. Which one is not associated with peptic ulcer:
a. Smoking cigarette (AIIMS Nov 2005)
b. Zollinger-Ellison's syndrome
c. Plummer-Vinson syndrome
d. Cirrhosis

197. Which of the following factors contribute to the development of duodenal ulcers: (PGI June 2001)
a. Lysolecithin
b. Gastric acid
c. Alcohol abuse
d. Prostaglandins
e. Smoking

198. Commonest site of peptic ulcer is: (All India 2008)
a. 1st part of duodenum
b. 2nd part of duodenum
c. Distal 1/3rd of stomach
d. Pylorus of the stomach

199. The most common site of a benign (peptic) gastric ulcer is:
a. Upper third of lesser curvature (AIIMS June 2004)
b. Greater curvature
c. Pyloric antrum
d. Lesser curvature near incisura angularis
Ref: Sabiston 19/e p1199

200. Commonest site of peptic ulcer perforation:
(All India 2002)
a. Anterior aspect of the 1st part of duodenum
b. Posterior aspect of the 1st part of duodenum
c. Greater curvature of the stomach
d. Lesser curvature of the stomach
e. Anterior aspect of 2nd part of duodenum

201. What is correct about duodenal ulcer: (Kerala 2003)
a. 25% will occur if H. pylori is not eradicated
b. Magnesium containing drugs may cause constipation
c. Bismuth is not used for long terms
d. None *Ref: Harrison 18/e p2451-2452*

202. With reference to duodenal ulcers, consider the following statements: (UPSC 2007)
1. They occur most often in the second part of duodenum
2. Infection with H. pylori and NSAID - induces injury account for majority of duodenal ulcer
3. Malignant duodenal ulcers are extremely rare
4. Eradication of H. pylori has greatly reduced the recurrence rates in duodenal ulcers

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Ans.	**186.**	a. Omental bursa…	**187.**	a. Gastric ulcer with…	**188.**	a, c, and e.	**189.**	b. 75%
	190.	b. Hemorrhage	**191.**	b. X-ray abdomen	**192.**	c. Dilution of acid in…	**193.**	a. Omental bursa
	194.	c. Basal pneumonia	**195.**	d. Pernicious anemia	**196.**	c. Plummer-Vinson…	**197.**	b, c and e
	198.	a. 1st part of…	**199.**	d. Lesser curvature near…	**200.**	a. Anterior aspect of…	**201.**	d. None
	202.	b. 2, 3 and 4 only						

Which of the statements given above are correct?
a. 1, 2 and 3 only
b. 2, 3 and 4 only
c. 1 and 4 only
d. 1, 2, 3 and 4

203. Burning epigastric pain is due to: (TN 90)
a. Vomiting
b. Reflux esophagitis
c. Duodenal ulcer
d. Gastric ulcer *Ref: Harrison 18/e p2445*

204. Increased gastric acid secretion occurs in:
a. Type I gastric ulcer (AIIMS GIS May 2011)
b. Type III gastric ulcer
c. Type IV gastric ulcer
d. All of the above

205. In gastric ulcer, increased acid production is associated with all except: (AIIMS GIS Dec 2006)
a. Type I
b. Type II
c. Type III
d. Both B and C

206. Prepyloric or channel ulcer in the stomach is termed as:
a. Type 1
b. Type 2
c. Type 3
d. Type 4

207. A thirty years old male presents to the Emergency department with symptoms of epigastric pain radiating to back that wakes him up at night and is relieved by consuming food. He gives history of similar pain in the past which was diagnosed as perforated duodenal ulcer and treated with omental patch surgery on two occasions. Pain before and after surgery has been controlled with proton pump inhibitors and analgesics. The likely diagnosis on this occasion is: (All India 2011)
a. Duodenal ulcer
b. Gastric ulcer
c. Atrophic gastritis
d. Chronic pancreatitis

208. Most common metabolic complication of gastrectomy:
a. Iron deficiency anemia (AIIMS GIS Dec 2011)
b. Megaloblastic anemia
c. Hypocalcemia
d. Osteoporosis
Ref: Sabiston 19/e p1202-1204; Schwartz 9/e p942-946; Bailey 26/e p1038-1040, 25/e p1060-1062; Shackelford 7/e p757-765

209. Most common abnormality after gastric resection and Billroth-II: (AIIMS GIS Dec 2009)
a. Vitamin B12 deficiency
b. Steatorrhea
c. Calcium deficiency
d. Vitamin D deficiency
Ref: Sabiston 19/e p1203; Schwartz 9/e p946; Bailey 26/e p1040, 25/e p1060-1062; Shackelford 7/e p759-760

210. Incidence of dumping syndrome is least common in:
a. Vagotomy + antrectomy (AIIMS GIS Dec 2010)
b. Highly selective vagotomy
c. Polya gastrectomy
d. Vagotomy with gastrojejunostomy

211. Gastric atony occurs in all except: (AIIMS GIS Dec 2006)
a. Billroth-I
b. Billroth-II
c. HSV
d. Posterior selective vagotomy with anterior seromyotomy

212. Long term effects of gastrectomy includes:(PGI SS Dec 2009)
a. Renal calculi
b. Vitamin C deficiency
c. Hypothyroidism
d. Osteomalacia

213. Dumping syndrome is due to: (All India 2002)
a. Diarrhea
b. Presence of hypertonic content in small intestine
c. Vagotomy
d. Reduced gastric capacity
Ref: Sabiston 19/e p1203; Schwartz 9/e p942-944; Bailey 26/e p1039, 25/e p1060-1061; Shackelford 7/e p757-759

214. Dumping syndrome occurs least with: (AIIMS June 2001)
a. Selective vagotomy
b. Truncal vagotomy
c. Highly selective vagotomy
d. Syndrome occurs with all of the above commonly

215. All are true regarding early post-cibal syndrome, except:
a. Distension of abdomen (All India 2000)
b. Managed conservatively
c. Hypermotility of intestine is common
d. Surgery is usually indicated

216. Duodenal blow out following Billroth gastrectomy most commonly occurs on which day: (AIIMS June 2002)
a. 2nd day
b. 4th day
c. 6th day
d. 12th day *Ref: Shackelford 7/e p930, 944*

217. In gastrectomy following occurs except: (PGI Dec 2004)
a. Calcium deficiency
b. Steatorrhoea
c. Fe2+ deficiency
d. Fluid loss

218. The earliest manifestation seen after gastrectomy:
a. Incidence of infection (PGI Dec 2005)
b. Loss of storage capacity
c. Loss of HCI
d. Loss of intrinsic factor

219. The commonest earliest complication of TV and GJ is:
a. Stomal obstruction (AIIMS 2008)
b. Paralytic ileus
c. Gastric leak
d. Anastomotic haemorrhage

Ans.	**203.** c and d	**204.** b. Type III gastric ulcer	**205.** a. Type I	**206.** c. Type3
	207. a. Duodenal ulcer	**208.** a. Iron deficiency anemia	**209.** a. Vitamin B12 deficiency	**210.** b. Highly selective vagotomy
	211. c. HSV	**212.** d. Osteomalacia	**213.** b. Presence of…	**214.** c. Highly selective vagotomy
	215. d. Surgery is…	**216.** b. 4th day	**217.** d. Fluid loss	**218.** b. Loss of storage capacity
	219. d. Anastomotic…			

220. Anemia is greater in which of the following gastric resection: (PGI 2001)

a. Billroth-II
b. Billroth-I
c. Both of the above are equal
d. Neither of the above

221. A person who had undergone gastrojejunostomy suddenly develops severe diarrhea. Which should be suspected:

a. Gastric carcinoma (TN 2002)
b. Tuberculosis of abdomen
c. Gastrojejunocolic fistula
d. Gastric amoebiasis

Ref: Shackelford 6/e p1094, 1110; Bailey 26/e p1039, 25/e p1060

222. The operation where in the stump of the stomach is directly anastomosed to the stump of the duodenum is called:

a. Polya gastrectomy (Karnataka 2000)
b. Hoffmeister gastrectomy
c. Billroth-I gastrectomy
d. Billroth-II gastrectomy

223. Gastrojejunostomy is an example of:

a. Clean contaminated wound (DNB 2001, JIPMER 2008)
b. Clean uncontaminated wound
c. Unclean uncontaminated wound
d. Unclean contaminated wound

Ref: Sabiston 19/e p286; Schwartz 9/e p219

224. Duodenal blowout is: (APPG 2004)

a. Perforation of duodenal ulcer
b. Iatrogenic
c. Complication of partial gastrectomy
d. Due to trauma

225. Post-vagotomy diarrhea can be effectively managed by:

a. Steroids (UPSC 2002)
b. Thyroxin
c. Somatostatin analogue
d. Parathormone

Ref: Schwartz 9/e p943-944; Bailey 26/e p1039, 25/e p1061; Shackelford 7/e p760

226. The first gastrectomy was performed in 1881 by:

a. Miculikz
b. Wolfer
c. Billroth
d. Moynihan

Ref: Sabiston 19/e p1198; Schwartz 9/e p916; Bailey 26/e p1036-1038, 25/e p1057-1058; Shackelford 7/e p731-742

227. All are true about gastric resection except:

a. Decreased protein absorption (DPG 2008)
b. Increased intestinal secretion
c. Calcium deficiency
d. Increased intestinal motility

228. Dumping syndrome is characterized by all of the following except: (MCI March 2005)

a. Colic
b. Tremors and giddiness
c. Hyperglycemia
d. Epigastric fullness

229. Which of the following plays a major role in the development of dumping syndrome: (MCI March 2009)

a. Vagolytic mechanism
b. Smaller stomach
c. Excessive food in the stomach
d. Large volume of hyperosmotic fluid in the intestine

230. False about Mallory-weiss syndrome: (ILBS 2011)

a. Massive hemorrhage is MC manifestation
b. Alcohol is an associated etiology
c. Conservative treatment is effective in most of the cases
d. Anti-reflux procedure doesn't have added advantage

Ref: Sabiston 19/e p1167, 1222; Schwartz 9/e p875, 941; Bailey 26/e p994, 25/e p1065; Shackelford 7/e p768

231. The site of mucosal tear in Mallory-weiss syndrome is:

a. Stomach
b. Small (ComedK 2009)
c. Colon
d. Esophagus

232. True about Mallory weiss tear: (PGI Nov 2009)

a. Hamman mediastinum
b. Esophagus perforates at all layers
c. Auscultation - crunching sound
d. Symptoms improves after conservative management
e. Longitudinal tear at junction of esophagus and stomach

233. An old man presenting to the emergency following a bout of prolonged vomiting with excessive hematemesis following alcohol ingestion is likely to suffer from: (UPSC 2005)

a. Mallory-weiss syndrome
b. Esophageal varices
c. Gastric cancer
d. Bleeding disorder

234. About Mallory-Weiss syndrome true is: (PGI Dec 2000)

a. Gastrointestinal reflux
b. Obesity
c. Tumour at gastroesophageal junction
d. Seen in alcoholics

235. Mallory-weiss syndrome is partial thickness rupture occurs at:

a. Gastric cardia (PGI Dec 2004)
b. Esophagus mucosa
c. Gastroesophageal junction
d. Gastroduodenal junction

236. Mallory-weiss syndrome often occurs in: (PGI 2008)

a. Patients who abuse analgesics
b. Children
c. Pregnant females
d. Patients with hiatus hernia

Ans. **220.** a. Billroth II **221.** c. Gastrojejunocolic fistula **222.** c. Billroth I gastrectomy **223.** a. Clean contaminated wound
224. c. Complication of… **225.** c. Somatostatin analogue **226.** c. Billroth **227.** b. Increased intestinal…
228. c. Hyperglycemia **229.** d. Large volume of… **230.** a. Massive hemorrhage… **231.** a. Stomach
232. d. and e. **233.** a. Mallory-Weiss syndrome **234.** d. Seen in alcoholics **235.** a. Gastric cardia
236. a. Patient who…

237. Violent vomiting after forceful retching present with sudden severe hematemesis diagnosis is: (UPPG 2009)
a. Hemangioma
b. Carcinoma oesophagus
c. Mallory-weiss syndrome
d. Esophageal varices

238. All are true about GAVE except: (JIPMER GIS 2011)
a. Dilated submucosal venous plexus
b. Bleeding is the most common presentation
c. Pain is most common clinical symptom
d. Argon laser treatment is established one

Ref: Sabiston 19/e p1168; Schwartz 9/e p940; Shackelford 7/e p653-654, 768-769

239. True regarding gastric antral vascular ectasia (GAVE):
a. Capillary lesion (PGI Nov 2009)
b. Arterial type
c. Difficult to manage because of multiplicity and size
d. Best treatment argon plasma coagulation
e. Associated with chronic renal failure and iron deficiency anaemia

240. 'Watermelon stomach' is: (MHSSMCET 2008)
a. Prolapse gastropathy
b. Gastric antral vascular ectasia
c. Gastric hemorrhagic telengectasias
d. Aberrant vessel in the mucosa that bleeds from a mucosal defect

241. All of the following increases the risk of CA stomach except: (PGI SS 2004)
a. Benign ulcer
b. Atrophic gastritis
c. Previous gastric surgery
d. Blood group A

Ref: Sabiston 19/e p1204-1206; Schwartz 9/e p928; Bailey 26/e p1046, 25/e p1067; Shackelford 7/e p774

242. Due to popularity of refrigeration reducing the need to preserve food, which cancer's incidence has dramatically declined: (AIIMS May 2013)
a. Esophagus
b. Stomach
c. Colon
d. Oropharyngeal malignancies

243. `Gastric carcinoma is associated with blood group:
a. A (PGI SS June 2001)
b. B
c. AB
d. O

244. Which of the following anemia is a risk factor for the development of gastric carcinoma:
a. Pernicious anemia (ComedK 2008, 2007, 2004)
b. Megaloblastic anemia
c. Aplastic anemia
d. Hemolytic anemia

245. E-cadherin is more often mutated in: (ComedK 2010)
a. Diffuse type of gastric cancer
b. Intestinal type of gastric cancer
c. Malignant ulcer of stomach
d. Erosive gastritis

Ref: Sabiston 19/e p1207; Schwartz 9/e p931; Shackelford 7/e p773; Bailey 25/e p1068

246. Increased risk for gastric carcinoma is associated with:
a. Intestinal metaplasia
b. Polyp-hyperplastic or adenoma
c. Atrophic gastritis
d. Eosinophilic gastritis

247. Which of the following anemia is a risk factor for the development of gastric carcinoma:
a. Pernicious anemia (DNB 2011, ComedK 2007)
b. Megaloblastic anemia
c. Aplastic anemia
d. Hemolytic anemia

248. Risk factor for development of gastric CA: (All India 2002)
a. Blood group 'O'
b. Duodenal ulcer
c. Intestinal hyperplasia
d. Intestinal metaplasia type III

249. Predisposing factor for CA stomach are all except:
a. Chronic gastric atrophy (PGI Dec 2003)
b. Hyperplastic polyp
c. Metaplasia grade III intestine
d. Pernicious anemia

250. Risk factor for carcinoma stomach are all except:
a. Blood group A (PGI June 2000)
b. Post gastrectomy
c. Old peptic ulcer
d. Atrophic gastritis

251. Precancerous condition for carcinoma stomach is:
a. Peptic ulcer (PGI June 2004)
b. Chronic gastric atrophy
c. Achalasia cardia
d. Curling's ulcer

252. Predisposing factors for stomach carcinoma:(PGI June 2001)
a. Gastric ulcer
b. Pernicious anemia and achlorhydria
c. Hiatus hernia
d. Atrophic gastritis

253. Predisposing factors for gastric carcinoma are:
a. Atrophic gastritis (PGI June 2002)
b. Hyperplastic polyp
c. Adenomatous polyp
d. Achlorhydria
e. Animal fat consumption

Ans. **237.** c. Mallory-Weiss… **238.** c. Pain is most common … **239.** a, d, and e. **240.** b. Gastric antral vascular…
241. a. Benign ulcer **242.** d. Hyperplastic polyps **243.** a. A **244.** a. Pernicious anemia
245. a. Diffuse type of… **246.** a, b, and c. **247.** a. Pernicious anemia **248.** d. Intestinal…
249. b. Hyperplastic polyp **250.** c. Old peptic ulcer **251.** b. Chronic gastric atrophy **252.** b. and d.
253. a, c and d.

254. Which of the following is the most significant risk factor for development of gastric carcinoma: (All India 2006)
a. Paneth cell metaplasia
b. Pyloric metaplasia
c. Intestinal metaplasia
d. Ciliated metaplasia

255. All of the following predispose to gastric carcinoma except:
a. Achlorhydria (All India 2005)
b. 'O' blood group
c. Pernicious anaemia
d. Post gastrectomy

256. Precancerous condition of the stomach is: (Kerala 2000)
a. Lipoma
b. Linnitis plastic
c. Atrophic gastritis
d. Hyperacidity

257. Malignant transformation is commonly seen in:
a. Stomal ulcer (AIIMS 2001)
b. Gastric ulcer
c. Chronic duodenal ulcer
d. Post bulbar ulcer

258. All are true about gastric carcinoma except: (DNB 2006)
a. More in low socioeconomic group
b. Most common at fundus
c. H. pylori infection increases risks
d. Vitamin C protects

259. Gastric malignancy is predisposed with: (Kerala 2004)
a. Blood group O
b. Intestinal metaplasia
c. Gastric hyperplasia
d. Duodenal ulcer

Ref: Shackelford 7/e p773-774; Schwartz 9/e p928-929

260. Cell of origin in GIST: (GB Pant 2011)
a. Mesenchymal
b. Argentaffin
c. Smooth muscle
d. Epithelial

Ref: Sabiston 19/e p1220-1221; Schwartz 9/e p937; Bailey 26/e p1054, 25/e p1075; Shackelford 7/e p1028-1034

261. False about GIST: (KGMC 2011)
a. Stomach is most common site
b. Can present with bleeding
c. Commonly metastasize to lymph nodes
d. Can present with peritoneal metastasis

262. Sunitinib is used in: (KGMC 2011)
a. GIST
b. Rectal cancer
c. Colonic carcinoma
d. Pancreatic carcinoma

263. Tyrosine kinase inhibitor imatinib is used for the treatment of:
a. Fibrosarcoma phylloides
b. GIST (JIPMER 2011)
c. MALT
d. Seminoma

264. A 50-years old male presents with obstructive symptoms. Biopsy of stomach reveals gastro-intestinal stromal tumor (GIST). Most appropriate market for GIST is:
a. CD-34 (AIIMS May 2011)
b. CD-117
c. CD-30
d. CD-10

265. Gold standard investigation for recurrent gastrointestinal stromal tumor is: (AIIMS May 2011)
a. MRI
b. MIBG
c. USG
d. PET-CT

266. True about GIST all except: (AIIMS Nov 2010)
a. Most common in duodenum
b. Necrosis and ulceration present
c. PET is used to assess response to therapy
d. Cell circumscribed

267. Carney triad consists of: (PGI May 2011)
a. Gastric carcinoma
b. Paraganglioma
c. Pulmonary chordoma
d. Carcinoma bronchus
e. Chondromatosis

268. Carney's triad consist of the following except:
a. Gastric leiomyosarcoma (MHSSMCET 2008)
b. Pulmonary chondroma
c. Angiosarcoma
d. Paraganglioma

269. GIST (Stromal tumors of GI tract) arise form:
a. Paneth cells (MHSSMCET 2008)
b. Stave cells
c. Enterocytes
d. Interstitial cells of Cajal

270. Commonest stomach tumour which bleeds: (PGI 2000)
a. Adenocarcinoma
b. Squamous carcinoma
c. Leiomyosarcoma
d. Fibrosarcoma

Ref: www.ncbi.nlm.nih.gov/pubmed/3771120

271. Bleeding is seen maximally in which gastric tumors:
a. Adenocarcinoma (Punjab 2008)
b. Squamous cell carcinoma
c. Leiomyosarcoma
d. GIST

272. Anomaly associated with duodenal atresia is: (DNB 2010)
a. Down's syndrome
b. Duodenal adenomas
c. Limb defects
d. Autoimmune disorders

Ref: Sabiston 19/e p1841-1842; Schwartz 9/e p1427-1428; Bailey 26/e p120, 25/e p85; Shackelford 7/e p811-813

Ans.
254. c. Intestinal…
255. b. 'O' blood group
256. c. Atrophic gastritis
257. None
258. b. Most common…
259. b. Intestinal metaplasia
260. a Mesenchymal
261. c. Commonly metastasize…
262. a. GIST
263. b. GIST
264. b. CD-117
265. d. PET-CT
266. a. Most common…
267. a, b, and c.
268. c. Angiosarcoma
269. d. Interstitial cells of Cajal
270. c. Leiomyosarcoma
271. d. GIST
272. a. Down's syndrome

273. Antenatal double bubble appearance on ultrasound is due to: (PGI June 2007)
a. Diaphragmatic hernia
b. Duodenal atresia
c. Gastric volvulus
d. Intussuception

274. Which is the treatment of choice for duodenal atresia: (DNB, 2011, 2002 MHSSMCET 2005)
a. Duodenoduodenostomy
b. Duodenojejunostomy
c. Bishop-Koop Procedure
d. Gastroduodenostomy

275. Persistent vomiting in G.O.O. causes: (PGI Dec 2002)
a. Hyponatremic hyperchloremia occur
b. Hypernatremia without hypochloremic alkalosis
c. Hypokalemic metabolic alkalosis
d. Paradoxical aciduria

Ref: Sabiston 19/e p1196-1197; Schwartz 9/e p921; Bailey 26/e p1056-1047, 25/e p1065-1066; Shackelford 7/e p716-717

276. When peptic ulcer leads to gastric outlet obstruction, the most likely site of obstruction is: (Orissa 2011)
a. Antrum
b. Pylorus
c. Lesser curvature
d. First part of duodenum

277. Patients with protracted vomiting can develop:
a. Hypokalemic hypochloremic alkalosis (ComedK 2006)
b. Hyperkalemic hypochloremic acidosis
c. Hypokalemic hyperchloremic alkalosis
d. Hypokalemic hypochloremic acidosis

278. A patient complains of occasional vomiting of food particles eaten a few days age. His wife reports that his breath smells foul. The most likely diagnosis is: (Kerala 2000)
a. Pyloric obstruction
b. Carcinoma stomach
c. Carcinoma esophagus
d. Achalasia cardia

279 The most common cause of gastric outlet obstruction in India is: (All India 2006)
a. Tuberculosis
b. Cancer of stomach
c. Duodenal lymphoma
d. Peptic ulcer disease

280. Regarding acute dilation of stomach which is incorrect:
a. Occurs with fracture femur (PGI 2005)
b. Occurs with plaster
c. Resolves spontaneously without treatment
d. Hypophosphatemia is to be avoided

281. Commonest operation done for peptic ulcer with gastric outlet obstruction is: (Kerala 2004)
a. Truncal vagotomy with pyloroplastry
b. Highly selective vagotomy with pyloroplastry
c. Truncal vagotomy with gastrojejunostomy
d. Gastrojejunostomy

282. A 35-years old male who had chronic duodenal ulcer for the last six years presents with worsening of symptoms loss of periodicity of symptoms, pain on rising in the morning sense of epigastric bloating and post- prandial vomiting. The most likely cause of the worsening of his symptoms is the development of: (DPG 2010)
a. Posterior penetration
b. Gastric outlet obstruction
c. Carcinoma
d. Pancreatitis

283. A patient with antral carcinoma repeatedly vomits. Not seen is: (AIIMS 2005)
a. Acidosis
b. Hypokalemia
c. Hyponatremia
d. Hypochloremia

284. Most severe degree of alkalosis occurs in obstruction of:
a. Cardiac end (MAHE 2008)
b. Pylorus
c. Ileocaecal region
d. Colon

Ref: http://www.anaesthesiamcq.com/AcidBaseBook/ab7_2.php

285. Metabolic abnormality seen in gastric outlet obstruction is:
a. Hypochloremic, hypokalemic acidosis (AIIMS May 2008)
b. Hypochloremic, hypokalemic alkalosis
c. Hyperchloremic, hypokalemic acidosis
d. Hypochloremic, hyperkalemic alkalosis

286. All of the following are seen in chronic pyloric obstruction except: (MCI March 2010)
a. Alkaline urine
b. Acidic urine
c. Hypochloremia
d. Hypokalemia

287. Acute dilatation of stomach is not managed by:
a. N/G tube aspiration (AIIMS June 2004)
b. Stop oral feeds
c. Surgery
d. Fluid and electrolyte balance

Ref: Bailey 26/e p1056, 25/e p1077

288. Which of the following is true about acute dilatation of stomach: (PGI Dec 2005)
a. Dilatation of stomach seen on X-ray
b. Presents with vomiting
c. Aspiration
d. Immediately open the abdomen
e. Atony of stomach

Ans.	**273.**	b. Duodenal atresia	**274.**	a. Duodenoduodenostomy	**275.**	c. and d.	**276.**	d. First part of…
	277.	a. Hypokalemic…	**278.**	a. Pyloric obstruction	**279.**	b. Cancer of stomach	**280.**	c. Resolves…
	281.	c. Truncal vagotomy…	**282.**	b. Gastric outlet…	**283.**	a. Acidosis	**284.**	b. Pylorus
	285.	b. Hypochloremic…	**286.**	a. Alkaline urine	**287.**	c. Surgery	**288.**	a, b, c, and e.

289. In case of upper GI bleed associated with stress gastritis all are true except: (AIIMS GIS Dec 2009)
a. Surgery should be done if transfusion requirements is >6 units
b. Vagotomy may be added
c. Surgery involves anterior gastrotomy with ligation of bleeding ulcers and superficial erosions
d. Total gastrectomy is rarely indicated

Ref: Sabiston 19/e p1167-1168; Schwartz 9/e p925; Bailey 25/e p1053; Shackelford 7/e p728

290. In case of upper GI bleeding due to stress gastritis, all of the following decreases bleeding risk except: (AIIMS GIS Dec 2009)
a. Treatment of sepsis
b. Improvement of BP
c. Elective ventilation
d. Correction of coagulopathy

291. All are true about stress gastritis except: (GB Pant 2011)
a. Backflow H+ uptake by mucosal cells
b. Decreased HCO3 secretion
c. Decreased mucosal blood flow
d. Increased H. pylori infection

292. Stress-induced ulcers are most commonly found in the: (ComedK 2010)
a. Fundus of stomach
b. Antrum of stomach
c. Pyloric channel
d. First part of duodenum

293. Common sites of for Cushing ulcers include all of the following except: (All India 2005)
a. Esophagus
b. Stomach
c. 1st part of duodenum
d. Distal duodenum

294. Most common site of Curling's ulcer: (AIIMS Nov 2008)
a. Ileum
b. Stomach
c. Duodenum
d. Esophagus

295. Erosive gastritis commonly occurs at: (JIPMER 2010)
a. Body
b. Fundus
c. Lesser curvature
d. Antrum

296. Curling's ulcer is seen in: (DNB 2008)
a. Burn patients
b. Patients with head injuries
c. Zollinger Ellison syndrome
d. Analgesic drug abuse

297. Which of the following is not true of Curling's ulcer: (Karnataka 2006)
a. Seen in burn patients
b. Are solitary penetrating ulcer
c. Are shallow multiple erosions
d. Has also been described in children after head injury or craniotomy

298. Stress ulcers is caused by all of the following except: (APPG 2006)
a. Burns
b. Cortisol therapy
c. Penicillin therapy
d. Pulmonary insufficiency

299. In a burn patient, the doctor as looking for curling ulcer. Which part should be examined: (AIIMS Nov 2013)
a. 1st part of duodenum
b. 2nd part of duodenum
c. 3rd part of duodenum
d. Junction between 2nd and 3rd part of duodenum

300. Curling's ulcer are associated with: (MCI Sept 2005)
a. Patient with gastrinoma
b. Head injuries
c. Burns
d. Analgesic over dosage

301. Criminal nerve of Grassi: (ILBS 2011)
a. Anterior branch of vagus at pylorus
b. Anterior branch of vagus at cardia
c. Proximal branch of posterior vagus
d. Distal branch of posterior vagus

Ref: Sabiston 19/e p1183-1184; Schwartz 9/e p892-894; Bailey 26/e p1023-1025, 25/e p1045-1047; Shackelford 7/e p845

302. Electrical pacemaker of stomach is situated in: (Karnataka 2001)
a. Fundus
b. Body
c. Incisura Angularis
d. Gastro esophageal junction

Ref: Shackelford 7/e p781; 6/e p729

303. Function of thick gastric mucosa is: (All India 2007)
a. Protects epithelium
b. Neutralizes HCL
c. Traps foreign particles
d. None of the above

304. G-cells are present mostly in: (TN 2001)
a. Fundus
b. Cardia
c. Pyloric antrum
d. Body *Ref: Sabiston 19/e p1184*

Ans. **289.** c. Surgery involves… **290.** c. Elective ventilation **291.** d. Increased H. pylori… **292.** a. Fundus of stomach
293. d. Distal duodenum **294.** b. Stomach **295.** b. Fundus **296.** a. Burn patients
297. b. and d. **298.** c. Penicillin therapy **299.** a. Burns **300.** c. Burns
301. c. Proximal branch… **302.** b. Body **303.** a. Protects epithelium **304.** c. Pyloric antrum

C. PERITONEUM

1. Acute mesenteric lymphadenitis is caused by: (All India 2004)
a. E. coli
b. α-hemolytic streptococci
c. Hemophilus
d. Yersinia

Ref: Sabiston 19/e p1105; Bailey 26/e p982, 25/e p1004

2. Which of the following is not characteristic of visceral pain: (PGI 2009)
a. Poor localization
b. Diffuse in nature
c. High threshold
d. Very rapid adaptation

Ref: Guyton 11/e p603-604; Ganong 23/e p169-170

3. Odorless peritoneal fluid is noticed in: (APPG 2000)
a. Perforated peptic ulcer
b. Perforated ileum
c. Perforated appendix
d. T.B. peritonitis

4. The commonest cause of acute mesenteric adenitis is: (JIPMER 2002)
a. Tuberculosis
b. Brucellosis
c. Pneumococcal infection
d. Idiopathic

5. "Peritoneal mice" is: (APPG 2008)
a. Pseudomyxoma peritonei
b. Appendices epiploicae
c. Peritoneal seedings of tumour
d. Endometriosis

Ref: Bailey 26/e p981, 25/e p1002

6. Malignant change in lipoma is most common in: (Rohtak 2000)
a. Thigh
b. Nape of neck
c. Retroperitoneum
d. Back *Ref: Bailey 26/e p985, 25/e p1007*

7. Retractile mesenteris may be seen in: (NIMHANS 2000)
a. Ormond's disease
b. Gardner' syndrome
c. Turner's syndrome
d. Down's syndrome

Ref: Schwartz 9/e p1275; http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2660836

8. 'Gas' in the tissue should be differentiated with: (UPPG 2007)
a. Pseudomyxoma peritonei
b. Pseudomonas infection
c. Clostridium novyi infection
d. Non clostridial infection

9. The mesentery of small intestine, along its attachment to the posterior abdominal wall, crosses all of the following structures except: (AIIMS Nov 2004)
a. Left gonadal vessels
b. Third part of duodenum
c. Aorta
d. Right ureter

10. Which is the baseline investigation in the case of an acute abdomen in this high-tech era: (Kerala 2003)
a. Abdomen CT
b. Abdomen X-ray
c. USG
d. Colonoscopy

11. Which of the following abdominal structure will be responsible for sharp pain while doing abdominal surgery: (AIIMS Nov 2000)
a. Parietal peritoneum
b. Liver parenchyma
c. Small intestine
d. Colon

12. 'Peritoneal mice' come from: (MHPGMET 2005)
a. Appendices epiploice
b. Pseudomyxoma peritonei
c. Metastases
d. All

13. Most common cause of acute mesenteric adenitis: (MHSSMCET 2007)
a. Yersenia enterocolytica
b. M. tuberculosis
c. Rotavirus
d. Drugs

14. Burst abdomen most commonly occurs on the: (JIPMER 2003)
a. 2nd day
b. 3rd day
c. 7th day
d. 9th day
e. 5th day *Ref: CSDT 11/e p24; Bailey 26/e p279-280, 25/e p986*

15. Median survival in malignant peritoneal mesothelioma: (KGMC 2011)
a. 6-10 months
b. 4-12 months
c. 4-6 months
d. 12-20 months *Ref: Sabiston 19/e p1103; 18/e p1144*

16. On 7th post operative day, abdominal wound shows pink serosanguinous discharge. It suggests: (DNB 2001)
a. Impending wound dehiscence
b. Infection in the abdomen
c. Stitch abscess
d. Healing wound

17. Treatment of pneumoperitoneum, as a result of colonoscopic perforation in a young patient is: (PGI June 2008)
a. Temporary colostomy
b. Closure + lavage
c. Permanent colostomy
d. Symptomatic

Ref: Schackelford 7/e p1747-1748; Harrison 18/e p2409; Schwartz 9/e p1069

Ans.
1. d. Yersinia
2. d. Very rapid adaptation
3. a. Perforated peptic ulcer
4. d. Idiopathic
5. b. Appendices…
6. c. Retroperitoneum
7. a. Ormond's disease
8. c. Clostridium novyi infection
9. a. Left gonadal vessels
10. b. Abdomen X-ray
11. a. Parietal peritoneum
12. a. Appendices epiploice
13. a. Yersinia…
14. c. 7th day
15. b. 4-12 months
16. a. Impending wound dehiscence
17. b. Closure + lavage

18. Best investigation for air in peritoneal cavity is:
a. USG (CMC 2004)
b. Laparotomy
c. Laparoscopy
d. X-ray abdomen-erect view
Ref: Bailey 26/e p973, 25/e p994

19. In pneumoperitoneum following are seen except:
a. Hypertension (PGI 2008)
b. Bradycardia
c. Tachycardia
d. Hypercapnia

20. In which one of the following conditions is gas under diaphragm not seen: (UPSC 2005)
a. Perforated duodenal ulcer
b. Typhoid perforation
c. After laparotomy
d. Spontaneous rupture of esophagus

21. Rigler's sign is seen in: (ComedK 2008)
a. Ulcerative colitis
b. Crohn's disease
c. Megacolon
d. Pneumoperitonium
Ref: Sabiston 19/e p1148-1149; Bailey 26/e p190, 25/e p147

22. The best view to visualized minimal pneumo-peritoneum:
a. AP view abdomen (All India 2012)
b. Erect view abdomen
c. Right lateral decubitus with horizontal beam
d. Left lateral decubitus with horizontal beam

23. Advantage of carbon dioxide in laparoscopy are all except:
a. Non-irritant (Rohtak 2002)
b. Non-inflammable
c. Minimally absorbed
d. No tissue reaction
e. None

24. In pseudomyxoma peritonei, mucinous cyst-adenocarcinoma of which following organ is involved:
a. Pancreas (Orissa 2011)
b. Ovary
c. Kidney
d. Abdominal testis
Ref: Sabiston 19/e p1102-1103; Schwartz 9/e p1088-1089; Bailey 26/e p980-981, 25/e p1003

25. Pseudomyxoma peritonei arises from: (PGI Dec 2008)
a. Carcinoma ovary
b. Ovarian cyst
c. Ovarian dermoid
d. Adenocarcinoma colon
e. Mucocele of appendix
Ref: Recent Advances in Surgery, Irving Taylor/83

26. True about pseudomyxoma peritonei: (PGI June 2004)
a. Seen in male only
b. Cytoreductive surgery needed
c. Always appendectomy needed
d. Radiation therapy given
e. Locally malignant tumor

27. Commonest site from where pseudomyxoma peritonei arise: (PGI June 2006)
a. Ovary
b. Appendix
c. Pancreas
d. Stomach
e. Colon

28. All are true about pseudomyxoma peritonei except:
a. Common in male (UPPG 2007)
b. Associated with ovary tumors
c. Yellow jelly collection of fluid
d. Appendiceal adenocarcinoma

29. All are true about pseudomyxoma peritonei except:
a. Associated with ovarian tumors (DPG 2008)
b. Appendix is most common site of origin
c. Yellow jelly collection of fluid
d. Common in male

30. Most common type of mesenteric cyst is:
a. Enterogenous (MHSSMCET 2005)
b. Chylolymphatic
c. Urogenital
d. Teratomatous
Ref: Sabiston 19/e p1104-1105; Schwartz 9/e p1277; Bailey 26/e p983-984; Schackelford 7/e p1699

31. True about mesenteric cysts is : (PGI Dec 2007)
a. Enterogenous cyst is commonest type
b. Recurrence is common after enucleation
c. Mesenteric cyst are usually multiple
d. Enucleation is the treatment of choice of chylolymphatic cyst

32. True about mesenteric cyst: (PGI Dec 2005)
a. Moves perpendicular to the line of attachment
b. Teratomatous is most common
c. Chylolymphatic cyst has separate blood supply
d. Surgical removal of bowel along cyst is treatment of choice in all the cyst

33. Mesenteric cyst whose removal entrails removals of part of gut: (TN 2005)
a. Chylolymphatic cyst
b. Enterogenous cyst
c. Dermoid
d. All

34. All are mesenteric cyst except: (DNB 2007)
a. Dermoid cyst
b. Chylolymphatic cyst
c. Gartner's cyst
d. Enterogenous cyst

35. All are true about SBP except: (ILBS 2012)
a. In hospital mortality rate is 20%
b. Neutrascitic ascites has better prognosis
c. Norfloxacin is useful for prevention
d. Cefotaxime is used for treatment
Ref: Sabiston 19/e p1101; Schwartz 9/e p1110; Bailey 26/e p971-972, 25/e p992; Schackelford 7/e p1605

Ans.
18. d. X-ray abdomen… **19.** b. Bradycardia **20.** d. Spontaneous rupture… **21.** d. Pneumoperitoneum
22. d. Left lateral… **23.** c. Minimally absorbed **24.** b. Ovary **25.** a, d, and e
26. b, c, and e. **27.** b. Appendix **28.** a. Common in male **29.** d. Common in male
30. b. Chylolymphatic **31.** d. Enucleation is the… **32.** a. Moves perpendicular… **33.** b. Enterogenous cyst
34. c. Gartners cyst **35.** b. Neutrocytic ascites…

36. Emergency operation done in cases of: (PGI Nov 2010)
- a. Volvulus
- b. Obstructed hernia
- c. Appendicular perforation with paralytic ileus
- d. Toxic megacolon
- e. Colonic perforation

Ref: Sabiston 19/e p1242-1243; Schwartz 9/e p990

37. Investigation for acute abdomen includes: (PGI May 2010)
- a. USG
- b. Multidetector CT
- c. Contrast enhanced CT
- d. X-ray abdomen
- e. Echocardiography

Ref: Sabiston 19/e p1148-1150; Schwartz 9/e p989-990

38. A post-op patient presents with peritonitis and massive contamination because of duodenal leak. Management of choice is: (AIIMS June 2001)
- a. Four quadrant peritoneal lavage
- b. Duodenostomy + Feeding jejunostomy + Peritoneal lavage
- c. Total parenteral nutrition
- d. Duodenojejunostomy *Ref: Schackelford 7/e p930, 944*

39. In which of the following condition, air under both sides of diaphragm is visualized: (PGI Dec 2001, June 2001)
- a. Perforated Meckel's diverticulum
- b. Uterine rupture following illegal abortion
- c. Perforation of duodenal ulcer
- d. Liver abscess
- e. Appendicular perforation *Ref: Chapman 4/e p212*

40. Which of the following causes least irritation of the peritoneal cavity: (All India 2009)
- a. Bile
- b. Blood
- c. Gastric enzyme
- d. Pancreatic enzyme *Ref: Harrison 18/e p2519*

41. Most common cause of peritonitis in adult male is:
- a. Duodenal ulcer perforation (All India 2003)
- b. Abdominal tuberculosis
- c. Enteric perforation
- d. Perforated appendix

Ref: http://emedicine.medscape.com/article/372053-overview; Sabiston 19/e p1100, 1142

42. Apart from Escherichia coli, the other most common organism implicated in acute suppurative bacterial peritonitis is: (All India 2006)
- a. Bacteroides
- b. Klebsiella
- c. Peptostreptococcus
- d. Pseudomonas

Ref: Sabiston 19/e p1100-1102; Bailey 26/e p971-973, 25/e p992-993

43. Primary peritonitis with pneumococcus is associated with:
- a. Lymphomas (UPSC 2001)
- b. Nephrotic syndrome
- c. Carcinoids
- d. None of the above *Ref: Bailey 26/e p975, 25/e p999*

44. Generalized diffuse peritonitis has been compared to second and third degree burns of: (AIIMS 2004)
- a. 13%
- b. 30%
- c. 45%
- d. 60%

45. Early surgery is indicated in: (PGI 2006)
- a. Amoebiasis peritonitis
- b. Biliary peritonitis
- c. Typhoid peritonitis
- d. All

46. Most common cause of generalized peritonitis in a 40-years old adult male is: (AIIMS 2002)
- a. Enteric perforation
- b. Ruptured liver abscess
- c. Duodenal ulcer perforation
- d. Perforated CA stomach

47. The commonest organism seen in peritonitis is: (TN 2001)
- a. Escherichia coli
- b. Clostridium welchii
- c. Staphylococci
- d. Klebsiella

48. Which of the following complications is not seen with peritonitis: (MAHE 2006)
- a. Renal failure
- b. Residual abscess
- c. Endotoxic shock
- d. Bone marrow suppression

Ref: Bailey 26/e p975, 25/e p995

49. A 25-years old female presents with pyrexia for ten days, develops acute pain in periumblical region spreading all over the abdomen. What would be the most likely cause: (UPSC 2007)
- a. Perforation peritonitis due to intestinal tuberculosis
- b. Generalized peritonitis due to appendicular perforation
- c. Typhoid enteric perforation and peritonitis
- d. Acute salpingo-oophoritis with peritonitis

Ref: Sabiston 19/e p1254; Schwartz 9/e p1007; Bailey 26/e p91, 25/e p1174; Harrison 18/e p1276

50. Spontaneous peritonitis in cirrhosis patients; the polymorphonuclear cells are: (UPPG 2008)
- a. More than 200 cells/cumm
- b. More than 300 cells/cumm
- c. More than 400 cells/cumm
- d. More than 500 cells/cumm

51. Which of following is true regarding classical spontaneous bacterial peritonitis: (ComedK 2010)
- a. Ascitic fluid neutrophil count is 250/cu.mm
- b. Bowel perforation should be present
- c. Multiple organisms are isolated from ascetic fluid
- d. Board-like rigidity is present in abdomen

52. A 10-years old female who used to use the swimming pool regularly, comes with a three day history of vomiting, fever and abdominal pain. On examination, abdominal tenderness and guarding are present. The liver dullness is not obliterated. Likely diagnosis is: (AIIMS 2009)
- a. Gangrenous intussusceptions
- b. Perforation

Ans.
36. a, b, c, d, and e.
37. a, b, c, and d.
38. c. Total parenteral nutrition
39. a, b, c, and e.
40. b. Blood
41. a. Duodenal ulcer perforation
42. a. Bacteroides
43. b. Nephrotic syndrome
44. c. 45%
45. b. and c
46. c. Duodenal ulcer…
47. a. Escherichia coli
48. None or d. Bone…
49. c. Typhoid enteric…
50. a. More than 200…
51. a. Ascitic fluid neutrophil…
52. d. Primary peritonitis

c. Spontaneous biliary peritonitis
d. Primary peritonitis

Ref: Sabiston 19/e p1146; Bailey 26/e p975, 25/e p993-994

53. Sonu, a 15-years old girl, a regular swimmer presents with sudden onset of pain in abdomen, abdominal distension and fever of 39 C and obliteration of the liver dullness. Most probable diagnosis is: (AIIMS June 2001)
a. Ruptured typhoid ulcer
b. Primary bacterial peritonitis
c. Ruptured ectopic pregnancy
d. UTI with PID

54. All of the following regarding diagnosis of acute peritonitis are correct except: (MCI March 2007)
a. Raised WBC count in peritoneal aspirate
b. Moderately raised amylase levels are diagnostic of peritonitis
c. CT scan may aid in diagnosis
d. Upright films shows free air under the diaphragm

55. Ormond's disease is: (MHPGMCET 2009, 2007)
a. Retractile testis
b. Idiopathic retroperitoneal lymphadenopathy
c. Idiopathic retroperitoneal fibrosis
d. Idiopathic mediastinitis

Ref: Smith 17/e p570-571; Oxford Handbook of Urology 2/e p470-471; Campbell 10/e p1108-1112; Bailey 26/e p984, 25/e p1302

56. Retroperitoneal fibrosis most commonly presents with:
a. Pedal edema
b. Ascites (JIPMER 2011)
c. Ureteric obstruction
d. Back pain

57. Most common organ involved in retroperitoneal fibrosis is:
a. Aorta (AIIMS Nov 2003)
b. Ureter
c. Inferior vena cava
d. Sympathetic nerve plexus

58. Localized idiopathic fibrosis is seen in all of the following except: (UPSC 2001)
a. Riedel's struma
b. Hypertrophic scar
c. Sclerosing cholangitis
d. Panniculitis *Ref: Bailey 25/e p598*

59. Transudative ascites is/are associated with: (PGI May 2011)
a. Myxedema
b. Budd Chiari syndrome
c. Acute pancreatitis
d. Portal vein thrombosis
e. Congestive heart failure *Ref: Sabiston 19/e p1100*

60. Serum-ascites albumin gradient >1.1 g/dL is seen in:
a. Nephrosis (ComedK 2005)
b. Cirrhosis
c. Pancreatic ascites
d. Neoplasm

61. Mucinous ascites is seen in: (PGI June 2000)
a. Stomach CA
b. TB
c. Nephrotic syndrome
d. Cirrhosis *Ref: Harrison 16th/245*

62. The following are true regarding ascites except:
a. Only when the amount of fluid present exceeds 1500 ml. It can be recognized clinically (Kerala 2000)
b. Shifting dullness is absent when there is a very large accumulation of fluid
c. In cirrhosis there is obstruction to the venous outflow of the liver due to obliterative fibrosis of the intra hepatic venous bed
d. A transudate has a protein content of greater than 30 gms of protein per litre
e. In Meig's syndrome it is associated with pleural effusion and solid fibroma of ovary

Ref: Bailey 26/e p979, 25/e p1001

63. Pseudochylous ascites occurs in: (PGI 2008)
a. Cirrhosis
b. Hyperlipidemia
c. Filariasis
d. Malignant ascites

Ref: www.ncbi.nlm.nih.gov › Proc R Soc Med › v.6(Med Sect; 1913; Bailey 26/e p980, 25/e p1002

64. Commonest site of intraperitoneal abscess is: (Orissa 2011)
a. Lesser sac
b. Greater sac
c. Pelvis
d. Paracolic gutter

Ref: Maingot 11/e p179-184; Bailey 26/e p977-978, 25/e p996-997

65. The part of peritoneal cavity that is most dependent in supine position: (MHSSMCET 2009)
a. Right subphrenic space
b. Lesser sac
c. Supra mesocolic space
d. Right subhepatic space

66. Most common site of intra-abdominal abscess:
a. Pelvic (MHPGMCET 2006)
b. Subphrenic space
c. Mesenteric
d. Paracolic gutters

67. Most common cause of infection and collection of fluid in the left subhepatic space: (MHPGMCET 2009)
a. Perforation at the lesser curvature of stomach
b. Complicated acute pancreatitis
c. Ruptured abscess of the left lobe of the liver
d. Perforation of posterior duodenal wall ulcer

Ref: Bailey 25/e p997

68. Posterior perforated ulcer on pyloric antrum cause abscess formation in: (PGI June 2009)
a. Greater sac
b. Lesser sac
c. Pouch of Morrison
d. Omental bursa
e. Right subphrenic

Ref: Bailey 26/e p978, 25/e p1062; Schwartz 9/e p921

Ans. **52.** a. Ruptured typhoid… **54.** b. Moderately raised… **55.** c. Idiopathic… **56.** d. Back pain
57. b. Ureter **58.** b. Hypertrophic scar **59.** a, b, d, and e. **60.** b. Cirrhosis
61. a. Stomach CA **62.** a. and d. **63.** d. Malignant ascites **64.** c. Pelvis
65. d. Right subhepatic… **66.** a. Pelvic **67.** b. Complicated acute… **68.** b. and d

69. In a patient recovering from peritonitis, which of the following would be the most characteristic sign of pelvic abscess: (MHPGMCET 2008)
a. Fever and abdominal pain
b. Tachycardia
c. Mucus in the stool for first time
d. All of the above

Ref: Bailey 26/e p977, 25/e p996

70. Treatment of pouch of Douglas abscess is: (UPSC 2006)
a. Laparotomy
b. Posterior colpotomy
c. Antibiotics
d. Extraperitoneal drainage

71. Correct about subphrenic abscess is: (PGI 2003)
a. Rarely chest symptoms
b. Toxemia
c. Rarely toxaemia
d. No sign and symptoms

72. The most favored treatment for a pelvic abscess in cul-de-sac is: (DPG 2001)
a. Laparotomy
b. Colpotomy
c. External I and D
d. Antibiotics

73. Colopotomy is done to treat: (APPG 2008)
a. Ischeorectal abscess
b. Pelvic abscess
c. Appendicular abscess
d. Perianal abscess

74. Most pathognomic in pelvic abscess is: (UPPG 2007)
a. Constipation
b. Mucopurulent discharge
c. Loose stool
d. Bleeding

75. A posteriorly perforating ulcer in the pyloric antrum of the stomach is likely to produce initial localized peritonitis or abscess formation in the: (AIIMS Nov 2004)
a. Greater sac
b. Left subhepatic and hepatorenal spaces (Pouch of Morrison)
c. Right subphrenic space
d. Lesser sac

76. True about boundaries of lesser sac: (PGI 2000)
a. Posteriorly stomach
b. Crus of diaphragm
c. Spleen
d. Greater omentum *Ref: BDC 4/e pvol II/232, 240*

77. Lesser sac of stomach is bounded by: (PGI 2000)
a. Posterior wall of stomach
b. Visceral surface of spleen
c. Under surface of liver
d. Greater omentum

78. Lesser omentum has following contents except: (PGI 2007)
a. Hepatic vein
b. Hepatic artery
c. Portal vein
d. Bile duct

79. True about relation of epipolic foramen is: (AIIMS 2006)
a. Portal vein posteriorly
b. IVC inferiorly
c. Hepatic art superiorly
d. Bile duct anteriorly

80. Root of mesentery is crossed by: (AIIMS May 2011)
a. Horizontal part of duodenum
b. Left gonadal vessels
c. Left ureter
d. Superior mesenteric artery *Ref: BDC 4/e pvol II/227*

Ans.				
	69. d. All of the above	**70.** b. Posterior colpotomy	**71.** b. Toxemia	**72.** b. Colpotomy
	73. b. Pelvic abscess	**74.** b. Mucopurulent…	**75.** d. Lesser sac	**76.** d. Greater omentum
	77. a. and b.	**78.** a. Hepatic vein	**79.** d. Bile duct anteriorly	**80.** a. Horizontal part…

D. INTESTINAL

1. Bowel can get strangulated in all of the following space except: (AIIMS Nov 2000)
a. Recto uterine pouch
b. Ileocolic recess
c. Paraduodenal recess
d. Omental recess

2. Spastic ileus is seen in: (PGI Dec 2002)
a. Porphyria
b. Retroperitoneal abscess
c. Hypokalemia
d. MI *Harrison 18/e p3173*

3. True about visceral pain: (PGI Nov 2011)
a. It is poorly localized
b. Resembles "fast pain" produced by noxious stimulation of the skin
c. Mediated by B fibers in the dorsal roots of the spinal nerves
d. Causes relaxation of nearby skeletal muscles
e. Shows relatively rapid adaptation
Ref: Guyton 11/e p603-604; Ganong 23rd/169-170

4. A young healthy male patient presented with abdominal pain and history of altered bowel habits from the last 6 months. On CT examination, there was dilated distal part of ileum, thickened ileocecal junction with thickened cecum with presence of sacculations on the antimesenteric border. The vascularity of adjoining mesentery is also increased and there is surrounding mesentery fat. Which of the following is not a differential diagnosis: (AIIMS Nov 2013)
a. Ulcerative colitis
b. Crohn's disease
c. Tuberculosis
d. Ischemic bowel disease

5. Ogilvie's syndrome results from the denervation of the colon distal to the: (Comed K 2006)
a. Hepatic flexure
b. Mid-transverse colon
c. Splenic flexure
d. Descending colon
Ref: Sabiston 19/e p1317-1318; Bailey 26/e p1197

6. True about Ogilvie's syndrome are all except:
a. It is caused by mechanical obstruction of the colon
b. It involves entire/part of the large colon
c. It occurs after previous surgery (AIIMS Nov 2007)
d. It occurs commonly after narcotic use

7. Investigation of choice for pseudo-obstruction:
a. Water soluble contrast enema (AIIMS GIS Dec 2006)
b. Barium enema
c. CECT
d. Colonoscopy

8. Colonic Pseudo-obstruction occurs in all, except:
a. Diabetes mellitus (AIIMS June 2004)
b. Dermatomyositis
c. Scleroderma
d. Hyperthyroidism

9. A 56-years old woman has not passed stools for the last 14 days. X-ray shows no air fluid levels, Probable diagnosis is:
a. Paralytic ileus (All India 2001)
b. Aganglionosis of the colon
c. Intestinal pseudo-obstruction
d. Duodenal obstruction

10. Acute pseudo-obstruction of the colon known as:
a. Sjogren's syndrome (DNB 2012, UPPG 2007)
b. Gardener's syndrome
c. Ogilvie's syndrome
d. Peutz-Jegher's syndrome

11. Post-operative ileus is most pronounced in:
a. Colon (AIIMS Nov 2011, AIIMS GIS Dec 2010)
b. Stomach
c. Ileum
d. Duodenum
Ref: Sabiston 19/e p1244; Schwartz 9/e p992-993; Bailey 26/e p1197-1198, 25/e p1201-1202; Shackelford 7/e p592-593

12. Paralytic ileus is seen in: (PGI June 2009)
a. Spinal cord injury
b. Hypocalcemia
c. Hypermagnesemia
d. Uremia
Ref: Sabiston 19/e p1244; Schwartz 9/e p992-993; Bailey 26/e p1197-1198, 25/e p1201-1202; Shackelford 7/e p592-593

13. Prolonged post-op ileus is best treated by: (PGI Dec 2008)
a. Long tube insertion
b. Calcium pentonthenate
c. Laparotomy and exploration
d. Peristaltic stimulants *Ref: Bailey 26/e p1197, 25/e p1202*

14. First to recover from post operative ileus: (DNB 2008)
a. Small intestine
b. Stomach
c. Colon
d. None

15. Paralytic ileus is characterized by all except: (SGPGI 2005)
a. No bowel sound on ausculatation
b. No passage of flatus
c. Gas filled loops of intestine with multiple fluid levels
d. Loops of intestine are not seen due to loss of peristalsis

16. Routine management of paralytic ileus includes all of the following except: (MCI March 2005)
a. Electrolyte correction
b. Nasogastric aspiration
c. Parasympathomimetics
d. IV fluids *Ref: Bailey 25/e p1202*

17. True about postoperative ileus is: (MHPGMCET 2003)
a. No intestinal sounds heard
b. Intestinal peristalsis never becomes normal again
c. Is due to hypernatremia
d. Begins 2-3 days postoperatively

Ans.
1. a. Recto uterine pouch **2.** a. Porphyria **3.** a. It is poorly localized **4.** d. Ischemic bowel disease
5. c. Splenic flexure **6.** a. It is caused by… **7.** a. Water soluble contrast… **8.** d. Hyperthyroidism
9. c. Intestinal pseudo… **10.** c. Ogilvie's syndrome **11.** a. Colon **12.** a, c, and d.
13. c. Laparotomy and… **14.** a. Small intestine **15.** d. Loops of intestine are… **16.** c. Parasympathomimetics
17. a. No intestinal…

18. A new born child has not passed meconium for 48 hours. What is the diagnostic procedure of choice: (All India 2008)
a. USG
b. Contrast enema
c. CT
d. MRI

Ref: Sabiston 19/e p1846-1847; Schwartz 9/e p1429; Bailey 26/e p1194, 119, 25/e p1199-1200; Shackelford 7/e p1053-1054

19. Snow storm ascites is seen in: (APPG 2005)
a. Meconium ileus
b. Hirschsprung's disease
c. Ileocaecal tuberculosis
d. Pseudomyxoma peritonei

Ref: Sabiston 19/e p1847; Schwartz 9/e p1429; Bailey 26/e p1194, 119, 25/e p1199-1200; Shackelford 7/e p1053-1054

20. Extraluminal abdominal calcifications in the newborn may be seen in: (ComedK 2010)
a. Meconium aspiration
b. Hirschsprung's disease
c. Meconium peritonitis
d. Meconium plug syndrome

Ref: Sabiston 19/e p1847; Schwartz 9/e p1429; Bailey 26/e p1194, 25/e p1199-1200; Shackelford 7/e p1054

21. Intra-abdominal calcification in a plane X-ray abdomen is most often seen in: (Karnataka 2005)
a. Meconium ileus
b. Meconium peritonitis
c. Meconium plug syndrome
d. Necrotising enterocolitis

22. Which one of the following statements regarding meconium peritonitis is not correct: (UPSC 2000)
a. It is a septic peritonitis
b. It develops in later intra-uterine life or during or just after delivery
c. This condition should always be considered when a baby is born with tense abdomen
d. Plain X-ray abdomen of this condition reveals calcification on liver and spleen

23. Meconium ileus is associated with: (All India 2000)
a. Fibrocystic disease of pancreas
b. Liver aplasia
c. Cirrhosis of liver
d. Malnutrition

Ref: Sabiston 19/e p1846; Schwartz 9/e p1429; Shackelford 7/e p1053-1054

24. Fluid levels are not visible in: (PGI June 2008)
a. Meconium ileus
b. Intussusception
c. Colon pouch
d. Duodenal obstruction

25. A new born girl not passed meconium for 48 hours, has abdominal distention and vomiting. Initial investigation of choice would be: (AIIMS Nov 2007)
a. Manometry
b. Genotyping for cystic fibrosis
c. Lower GI contrast study
d. Serum trypsin immunoblot

26. Meconium peritonitis occurs: (PGI June 2002)
a. Just before birth
b. Just after birth
c. Before and after birth
d. Due to birth trauma

27. A neonate presents with colicky pain and vomiting with sausage-shaped lump in the abdomen, diagnosis is:
a. Enterocolitis (UPPG 2009)
b. Perforation of the abdomen
c. Intussusception
d. Acute appendicitis

Ref: Sabiston 19/e p1851; Schwartz 9/e p1433-1434; Bailey 26/e p1184, 1187, 1193, 25/e p1191, 1196, 1198; Shackelford 7/e p1059-1061

28. All statement about adult intussusception are true except:
a. Idiopathic and more enteric rather than colonic
b. Lead point present in majority of cases (PGI Nov 2009)
c. Resection of bowel is adequate for large bowel intussusception
d. Hydrostatic reduction with barium or air are done if bowel is not gangrenous *Ref: Bailey 25/e p1191*

29. A previously healthy infant presents with recurrent episode of abdominal pain. The mother says that the child has been passing altered stool after episodes of pain, but gives no history of vomiting or bleeding per rectum. Which of the following is the most likely diagnosis: (All India 2011)
a. Rectal polyps
b. Intussusception
c. Meckel's diverticulum
d. Necrotizing enterocolitis

30. True about Intussusceptions in children: (PGI Nov 2010)
a. Most common variety is ileocolic
b. Associated with pathological lead point
c. May be seen after viral infection
d. Can be relieved by barium enema
e. Surgery is always indicated

31. True statement about treatment of intussusception:
a. Air enema (PGI Nov 2010)
b. Saline enema
c. Ba enema
d. Hydrostatic reduction
e. Colonoscopy is always done to confirm diagnosis

32. Intussusception usually beings from: (DNB 2007)
a. Jejenum
b. Terminal ileum
C. Colon
D. Rectum

33. The most common type of intussusception: (DNB 2009, 2005, 2001, 2000, MHPGMCET 2009)
a. Ileocolic
b. Colocolic
c. Ileoileal
d. Retrograde

Ans.	**18.**	b. Contrast enema	**19.**	a. Meconium ileus	**20.**	c. Meconium peritonitis	**21.**	b. Meconium peritonitis
	22.	a. It is a septic…	**23.**	a. Fibrocystic disease…	**24.**	a. Meconium ileus	**25.**	c. Lower GI contrast study
	26.	a. Before and after…	**27.**	c. Intussusception	**28.**	a. Idiopathic and more…	**29.**	b. Intussusception
	30.	a, b, c, and d.	**31.**	a, b, c, and d.	**32.**	b. Terminal ileum	**33.**	a. Ileocolic

34. All are true about intussusception except:
a. Barium must be used in children after 48 hours
b. X-ray shows paucity of colonic gas (AIIMS GIS May 2011)
c. X-ray shows lump shadow
d. USG show pseudo-kidney sign

Ref: Sabiston 19/e p1851; Schwartz 9/e p1433; Bailey 26/e p1190, 25/e p1196; Shackelford 7/e p1060-1061

35. A child was operated for small intestine mass with intussusception and after the operation the tumor was diagnosed in histological section. Which is the most likely tumor associated: (AIIMS Nov 2012)
a. Carcinoid
b. Villous adenoma
c. Lymphoma
d. Smooth muscle tumor

Ref: Sabiston 19/e p1257-1264; Schwartz 9/e p999-1001; Bailey 25/e p1175-1177; Shackelford 7/e p771

36. What is intussuscepiens: (PGI Dec 2007)
a. The entire complex of intussusception
b. The entering layer
c. The outer layer
d. The process of reducing the intussusception

37. A 10-months old infant presents with acute intestinal obstruction. Contrast enema X-ray shows the intussusceptions. Likely cause is: (All India 2002)
a. Payers patch hypertrophy
b. Meckel's diverticulum
c. Mucosal polyp
d. Duplication cyst

38. Features of intussusceptions are: (PGI June 2001)
a. Pincer sign
b. Target sign
c. Dove sign
d. Coiled spring sign
e. Dance sign

39. Recurrent pain abdomen with intestinal obstruction and mass passes per rectum goes in favor of: (PGI Dec 2009)
a. Internal herniation
b. Stricture
c. Strangulated hernia
d. Intussusception

40. Recurrent obstruction, mass per rectum and diarrhea in child: (PGI June 2000)
a. Intussusception
b. Rectal prolapsed
c. Internal hernia
d. Hemorrhoids

41. Commonest cause of intussusception is: (TN 2000)
a. Submucous lipoma
b. Meckel's diverticulum
c. Hypertrophy of submucous Peyer's patches
d. Polyp

42. Which of the following is true about intussusception:
a. Common in neonates (DPG 2005)
b. Fever always present
c. Not associated with tumors of intestine
d. Usually relieved by barium enema

43. The least common type of intussusception is:
a. Multiple (PGI 2002)
b. Colocolic
c. Ileoileal
d. Ileoilecolic *Ref: Bailey 24/e p1195*

44. Henoch-Schnolein purpura may rarely cause:
a. Intussusception (JIPMER 2002)
b. Volvulus
c. Atrial fibrillation
d. Hernia

45. Claw sign seen in: (APPG 2008)
a. Intussusception
b. Volvulus
c. Both
d. None

46. Complete treatment of intussusception is indicated by:
a. Free passage of barium in the terminal ileum
b. Passage of feces and flatus along with barium
c. Improvement of clinical condition (APPG 2008)
d. None

47. A 12-months old male child suddenly draws up his legs and screams with pain. This is repeated periodically throughout the night interspersed with periods of quiet sleep. When seen after 12 hours the child looks pale, has just vomited and passed thin blood-stained stool; there is a mass around umbilicus. What is the most likely diagnosis: (UPSC 2002)
a. Appendicitis
b. Intussusception
c. Gastroenteritis
d. Roundworm obstruction

48. Sign of Dance is: (MAHE 2005)
a. Empty right iliac fossa in intussusception
b. Pincer shaped appearance in barium enema in intussusception
c. Tenderness at the McBurney's point
d. Passing of large quantities of urine in hydronephrosis

49. A patient has acute abdominal pain with blood and mucus in stool with palpable mass per abdomen is due to:
a. Meckel's diverticulum (AIIMS June 2000)
b. Volvulus
c. Intussusception
d. Hypertrophic pyloric stenosis

50. True about strangulation of intestine is: (MHPGMCET 2001)
a. Arterial blood flow affected first
b. Usually venous blood flow affected first
c. Blood flow normal
d. No gangrene

Ref: Sabiston 19/e p1236-1244; Schwartz 9/e p988-992; Bailey 26/e p1186-1191, 25/e p1189-1191; Shackelford 7/e p864-872

51. Most common cause of hyponatremia in surgical practice:
a. Small intestinal obstruction (MHPGMCET 2008)
b. Duodenal fistula
c. Pancreatic fistula
d. Intussusception *Ref: Bailey 24/e p56*

Ans.
34. a. Barium must be… **35.** c. Lymphoma **36.** c. The outer layer **37.** a. Payers patch hypertrophy
38. b, d, and e. **39.** d. Intussusception **40.** a. Intussusception **41.** c. Hypertrophy of…
42. d. Usually relieved… **43.** a. Multiple **44.** a. Intussusception **45.** a. Intussusception
46. a. Free passage of… **47.** b. Intussusception **48.** a. Empty right iliac… **49.** c. Intussusception
50. b. Usually venous… **51.** a. Small intestinal obstruction

52. Best investigation for acute intestinal obstruction is:

a. Barium studies
b. X-ray
c. USG
d. ERCP

53. Early sign of intestinal strangulation: (PGI SS June 2001)

a. Continuous pain
b. Abdominal rigidity and shock
c. Abdominal fluid
d. Dilated bowel loops on USG

Ref :Sabiston 19/e p1241; Schwartz 9/e p988-990; Bailey 26/e p1182, 1187, 25/e p1188-1189, 1194; Shackelford 7/e p866

54. Most common cause of intestinal obstruction: (PGI SS 2004)

a. Internal hernia
b. Malignancy
c. Volvulus
d. Benign tumors

Ref: Sabiston 19/e p1238; Schwartz 9/e p988; Bailey 26/e p1181, 25/e p1188; Shackelford 7/e p865

55. The most common cause of small intestinal obstruction is:

a. Intussusception (All India 2008)
b. Iatrogenic adhesions
c. Trauma
d. Carcinoma

56. Commonest cause of acute intestinal obstruction is:

a. Adhesions (PGI 2002)
b. Volvulus
c. Inguinal hernias
d. Internal hernias

57. The commonest cause of intestinal obstruction in a 30 years old Indian female: (All India 2003)

a. TB stricture
b. Crohn's disease
c. Post op. adhesions
d. Adenocarcinoma

58. Acute intestinal obstruction is characterized by:

a. Vomiting is common in duodenal obstruction
b. Pain after each attack of vomiting is characteristic of ileal obstruction (PGI Dec 2003)
c. In colonic obstruction distension is common than vomiting
d. X-ray erect posture is diagnostic
e. Colicky pain to steady pain indicates strangulation

Ref: Sabiston 19/e p1242-1243; Schwartz 9/e p990-991; Bailey 26/e p1190-1194, 25/e p1196-1198; Shackelford 7/e p870-872

59. Features of intestinal obstruction : clinically/ investigation by: (PGI June 2006)

a. Abdominal distension
b. Vomiting
c. Fluid level in X-ray >4
d. Localized tenderness
e. Diarrhea

60. In intestinal obstruction, investigations needed are:

a. Barium swallow (PGI Dec 2001)
b. Intestinal barium meal
c. Stomach barium meal
d. Erect X-ray abdomen
e. Supine X-ray abdomen

61. A 30-years old lady presented with acute pain abdomen, constipation and vomiting suspecting acute intestinal obstruction. The investigation of choice for the patient is:

a. X-ray abdomen erect posture (PGI June 2003)
b. Ba enema
c. USG
d. CT scan

62. A women of 35-years, comes to emergency department with symptoms of pain in abdomen and bilious vomiting but no distension of bowel. Abdominal X-ray showed no air fluid level. Diagnosis is: (AIIMS June 2009)

a. CA rectum
b. Duodenal obstruction
c. Adynamic ileus
d. Pseudo-obstruction

Ref: Sabiston 19/e p1239; Schwartz 9/e p988; Bailey 26/e p1186, 25/e p1192-1194; Shackelford 7/e p866

63. One of the following will always present with bilious vomiting: (All India 2004)

a. Pyloric stenosis
b. Esophageal atresia
c. Atresia of the 3rd part of the duodenum
d. Malrotation of the gut

64. Distended abdomen in intestinal obstruction is mainly due to: (AI 2006)

a. Diffusion of gas from blood
b. Fermentation of residual food
c. Bacterial action
d. Swallowed air

Ref: Sabiston 19/e p1238-1239; Schwartz 9/e p988; Bailey 26/e p1186, 25/e p1189; Shackelford 7/e p866

65. In case of new born, the commonest cause of intestinal obstruction is: (AIIMS Nov 2005)

a. Annular pancreas
b. Duodenal atresia
c. Jejunal atresia
d. Esophageal atresia *Ref: Bailey 26/e p120, 1193, 25/e p1199*

66. Regarding adhesive intestinal obstruction, True is:

a. Avoid surgery for initial 48-72 hours (AIIMS Nov 2004)
b. Never operate
c. Operate after minimum 10 days of conservative treatment
d. Immediate operation

Ref: Sabiston 19/e p1243; Schwartz 9/e p990-991; Bailey 26/e p1192, 25/e p1198; Shackelford 7/e p872

67. Water loss is severe if intestinal obstruction occurs at:

a. First part of duodenum (JIPMER 2000)
b. Third part of duodenum
c. Mid-jejunum
d. Ileum

Ans.	**52.** b. X-ray	**53.** a. Continuous pain	**54.** b. Malignancy	**55.** b. Iatrogenic adhesions
	56. a. Adhesions	**57.** c. Post-operative adhesions	**58.** a, c, d and e	**59.** a and b
	60. d. and e.	**61.** a. X-ray abdomen…	**62.** b. Duodenal obstruction	**63.** c. Atresia of the 3rd part of…
	64. d. Swallowed air	**65.** b. Duodenal atresia	**66.** a. Avoid surgery for…	**67.** a. First part of duodenum

68. The first to appear in a cause of acute intestinal obstruction is: (PGI 2004)
a. Constipation
b. Colicky pain
c. Vomiting
d. Distension *Ref: Bailey 26/e p1186-1187, 25/e p1193*

69. Primary feature of small intestinal obstruction:
a. Fever (APPG 2006)
b. High peristalsis with colic
c. Abdominal distension
d. Empty rectum

70. Best way to diagnose lower small intestinal obstruction:
a. Pain abdomen (PGI 2008)
b. Abdominal distension
c. Profuse vomiting
d. Multiple air gas shadows on X-ray

71. For intestinal obstruction immediate operation should not be done in case of: (Kolkata 2000)
a. Post-op adhesion
b. Appendix perforation
c. Volvulus
d. Obstructed hernia

72. Which of the following is most suggestive of neonatal small bowel obstruction: (All India 2003)
a. Generalized abdominal distension
b. Failure to pass meconium in the first 24 hours
c. Bilious vomiting
d. Refusal of feeds

73. Occlusion to superior mesenteric artery affects jejunum and:
a. Pyloric antrum (UPPG 2010)
b. Fundus of stomach
c. Duodenum distal to the opening of CBD
d. Greater curvature
e. Descending colon *Ref: Snell 8/e p243; Bailey 25/e p911*

74. Most common cause of acute mesenteric ischemia is:
a. Arterial thrombosis (AIIMS May 2011, Nov 2008)
b. Venous thrombosis
c. Embolism
d. Non occlusive disease
Ref: Sabiston 19/e p1177; Schwartz 9/e p730-732; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1075-1077

75. All are causes of dynamic intestinal obstruction except:
a. Gall stones (JIPMER 2010)
b. Bands
c. Intussusception
d. Mesenteric vascular occlusion

76. A young female complains of pain in umbilical region since few days, which is more especially after taking meals. What is the likely diagnosis: (MHSSMCET 2005)
a. Peptic ulcer disease
b. Meckel's diverticulum
c. Typhlitis
d. Abdominal angina
Ref: Sabiston 19/e p1177; Schwartz 9/e p735; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1084-1092

77. If patient with superior mesenteric artery thrombosis doesn't develop collateral circulation, then what is the best treatment: (MHSSMCET 2005)
a. Resection anastomosis
b. Endarterectomy
c. Arterial reconstruction
d. Papaverine injection

78. Which of the following is a common cause of abdominal angina: (MHSSMCET 2006)
a. SMA thrombosis
b. SMA embolism
c. SMA aneurysm
d. SMA rupture

79. Ischemia of which of the vessel would cause least damage:
a. Renal artery
b. SMA (AIIMS Nov 2011)
c. IMA
d. Celiac trunk *Ref: Grays 40/e p1141*

80. All are true about non-obstructive mesenteric ischemia except: (AIIMS GIS Dec 2006)
a. Vasopressor treatment
b. Cardiac shock
c. Burns
d. Hypercoagulable state
Ref: Sabiston 19/e p1177; Schwartz 9/e p735; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1081-1082

81. All are true about acute mesenteric ischemia except:
a. Branch point of middle colic artery is most common location for embolism (AIIMS GIS 2003)
b. Acute venous thrombosis is best judged on CT
c. Non-obstructive mesenteric ischemia has very good prognosis
d. Gold standard investigation is angiography

82. All are true about mesenteric ischemia except:
a. Due to embolism to SMA (AIIMS GIS 2003)
b. Most common cause is AF
c. Embolus gets lodged most commonly at branching of SMA from aorta
d. Most common cause of small bowel syndrome in adults
Ref: Sabiston 19/e p1177; Schwartz 9/e p735; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1077-1078

83. Type of mesenteric ischemia best visualized by CECT: (AIIMS GIS Dec 2006)
a. Mesenteric ischemia by embolic occlusion
b. Acute mesenteric artery thrombosis
c. Non-occlusive mesenteric ischemia
d. Acute mesenteric venous thrombosis
Ref: Sabiston 19/e p1177; Schwartz 9/e p735; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1082-1084

Ans.	**68.** b. Colicky pain	**69.** b. High peristalsis with colic	**70.** d. Multiple air gas…	**71.** a. Post-op adhesion
	72. c. Bilious vomiting	**73.** c. Duodenum distal to the…	**74.** c. Embolism	**75.** d. Mesenteric vascular…
	76. d. Abdominal angina	**77.** a. Resection anastomosis	**78.** a. SMA thrombosis	**79.** c. IMA
	80. d. Hypercoagulable…	**81.** c. Non-obstructive…	**82.** c. Embolus gets lodged…	**83.** d. Acute mesenteric venous…

84. 65-years old Ramdeen presents with abdominal pain and distension of abdomen. His stools were maroon colored and he gives a past history of cerebrovascular accident and myocardial infarction. What will be the probable diagnosis: (AIIMS Nov 2000)

a. Ulcerative colitis
b. Acute mesenteric ischemia
c. Irritable bowel syndrome
d. Crohn's disease

Ref: Sabiston 19/e p1177; Schwartz 9/e p730-736; Bailey 26/e p1173-1174, 25/e p1202-1203; Shackelford 7/e p1077-1082

85. A man aged 60 years has history of IHD and atherosclerosis. He presents with abdominal pain and maroon stools. Most likely diagnosis: (All India 2001)

a. Acute intestinal obstruction
b. Acute mesenteric ischemia
c. Peritonitis
d. Appendicitis

86. True about mesenteric vein thrombosis: (PGI Dec 2003)

a. Peritoneal signs always present
b. Thrombectomy is always done
c. Heparin is given
d. Surgery can lead to short bowel syndrome

87. True about mesenteric vein thrombosis: (PGI Dec 2000)

a. Peritoneal signs are always present
b. Invariably involves long length of bowel
c. I.V. Heparin is the treatment of choice
d. Surgery can lead to short-bowel syndrome

88. A patient has presented with left sided colonic malignancy with obstruction in emergency. What is the treatment of choice:

a. Hartman's Procedure (MHSSMCET 2005)
b. Total colectomy
c. Left hemi-colectomy
d. Defunctioning colostomy

Ref: Sabiston 19/e p1317-1319; Bailey 26/e p1194-1196, 25/e p1202; Shackelford 7/e p1854; Maingot 11/e p501

89. Treatment of obstructing, resectable right colonic cancer:

a. Ileo-transverse anastomosis after right hemicolectomy
b. Diverting ileostomy (AIIMS GIS Dec 2010)
c. Subtotal colectomy with ileorectal anastomosis
d. Subtotal colectomy with exteriorization of the both ends

90. A patient of CA rectum presents with obstruction. Treatment:

a. Defunctioning colostomy (PGI SS June 2006)
b. Hartmann's procedure
c. Anterior resection
d. Abdomino-perineal resection

91. What are the features of colonic obstruction: (PGI Dec 2000)

a. No passage of gas absolutely (Obstipation)
b. No passage of stools absolutely
c. Distention of abdomen
d. Mild fever initially
e. Fecal vomitus

92. Most common cause of colonic obstruction is:

a. Volvulus (AI 2002)
b. Hernia
c. Adhesions
d. Neoplasm

93. In obstruction of the large gut rupture occurs at the:

a. Cecum (PGI 2004)
b. Ascending colon
c. Transverse colon
d. Descending colon

94. Commonest cause of colonic obstruction in neonates is:

a. Meconium ileus (TN 2002)
b. Aganglionic colon
c. Ileal atresia
d. Volvulus

95. Acute mechanical large bowel obstruction should be operated early because: (UPSC 2005)

a. Electrolyte imbalance due to third space loss
b. Septicemia from absorption of bowel contents
c. Early gangrene and perforation
d. Respiratory embarrassment to massive abdominal distension

96. Acute mechanical large bowel obstruction should be operated early because of the risk of: (UPSC 2007)

a. Respiratory embarrassment due to abdominal distension
b. Electrolyte imbalance from vomiting
c. Septicemia from bowel contents
d. Closed-loop obstruction and cecal perforation

97. Child presents with recurrent abdominal pain and bilious vomiting. Condition was diagnosed by barium follow through. Surgery was done, mesenteric widening, appendectomy, cutting the Ladd's band. What is the diagnosis: (AIIMS Nov 2010)

a. Recurrent cecal volvulus
b. Malrotation
c. Recurrent appendicitis
d. Stricture TB

Ref: Sabiston 19/e p1843-1844; Schwartz 9/e p1428-1429; Shackelford 7/e p1046-1048; Bailey 26/e p119

98. The cecum is found to be placed below the stomach and in the midline. Which of the following abnormality must have taken place while rotation of the gut: (AIIMS Nov 2010)

a. Non-rotation
b. Malrotation
c. Reversed rotation
d. Mixed rotation

Ref: Sabiston 19/e p1843-144; Schwartz 9/e p1428-1429; Shackelford 7/e p1046-1048

99. Malrotation presents as: (PGI Dec 2002)

a. Mass abdomen
b. Bleeding PR
c. Bilious vomiting
d. Hematemesis

Ans.								
	84.	b. Acute mesenteric…	**85.**	b. Acute mesenteric ischemia	**86.**	c. and d.	**87.**	d. Surgery can lead…
	88.	d. Defunctioning…	**89.**	a. Ileo-transverse…	**90.**	a. Defunctioning colostomy	**91.**	a, b, and c.
	92.	d. Neoplasm	**93.**	a. Cecum	**94.**	b. Aganglionic colon	**95.**	c. Early gangrene and…
	96.	d. Closed-loop…	**97.**	b. Malrotation	**98.**	d. Mixed rotation	**99.**	b, and c

100. Sigmoid volvulus: (PGI SS Dec 2009)
- a. Clockwise
- b. CECT is diagnostic
- c. Rigid sigmoidoscopy is the initial treatment
- d. Sigmoidectomy is contraindicated

Ref: Sabiston 19/e p1314-1315; Schwartz 9/e p1055; Bailey 26/e p1188, 1190, 1195, 25/e p1194, 1196, 1200; Shackelford 7/e p1850-1853

101. Most common site of volvulus: (DNB 2012, GB PANT 2011)
- a. Sigmoid colon
- b. Caecum
- c. Transverse colon
- d. Stomach

102. False about volvulus: (AIIMS GIS May 2008)
- a. Sigmoid volvulus is most common
- b. In absence of ischemia, mesocolopexy is done
- c. Ogilvie's syndrome refers to cecal volvulus
- d. Elective sigmoid resection after detorsion

Ref: Sabiston 19/e p1315-1316; Schwartz 9/e p1055; Bailey 26/e p1188, 1190, 1195, 25/e p1194, 1196, 1200; Shackelford 7/e p1853-1854

103. False regarding cecal volvulus: (ILBS 2011)
- a. Present with small bowel obstruction
- b. Present with air fluid levels in right upper quadrant and convexity towards left
- c. Endoscopic derotation is not effective like sigmoid volvulus
- d. Cecopexy can be a form of treatment

104. In cecal volvulus: (AIIMS GIS Dec 2006)
- a. Resolves with endoscopic treatment as frequently as sigmoid volvulus
- b. Right hemicolectomy is the treatment of choice
- c. Conservative management
- d. Colonoscopic decompression

105. Obstruction with multiple air fluid levels in a newborn, suggest diagnosis of: (MHSSMCET 2010)
- a. Duodenal atresia
- b. Ileal atresia
- c. Ladd's band
- d. Midgut volvulus

106. 'Bird of prey' sign is seen in the radiographic barium examination of: (ComedK 2008)
- a. Gastric volvulus
- b. Intussusception
- c. Sigmoid volvulus
- d. Cecal volvulus

107. True about colonic volvulus: (PGI Nov 2010)
- a. Most common in caecum
- b. Common in psychiatric patient
- c. Bird's beak sign
- d. May present as intestinal obstruction

108. False about cecal volvulus: (AIIMS GIS 2003)
- a. Mostly resolve with colonoscopic reduction
- b. More common than cecal basecule
- c. Right hemicolectomy is TOC
- d. Truly is cecocolic volvulus

109. Which of the following statement about volvulus is false: (All India 2008)
- a. More common in psychiatric patients
- b. Sigmoid volvulus is more common than caecal volvulus
- c. Lower GI scopy is contraindicated in sigmoid volvulus
- d. Volvulus of caecum is managed by conservative methods

110. Coffee bean sign is usually seen in: (J and K 2006)
- a. Volvulus
- b. Pyloric obstruction
- c. Intussusception
- d. Intestinal obstruction

111. Definitive treatment of sigmoid volvulus is: (PGI June 2007)
- a. Surgical correction
- b. Colectomy
- c. Enema
- d. Endoscopic correction

112. Predisposing factors for sigmoid volvulus are: (Kerala 972008
- a. Band of adhesion
- b. Long pelvic mesocolon
- c. Narrow attachment of pelvic mesocolon
- d. Loaded pelvic colon
- e. All of the above

113. Rotation of sigmoid volvulus occurs: (AMU 2005)
- a. Clockwise
- b. Anticlockwise
- c. Initially clockwise later anticlockwise
- d. Either clockwise or anticlockwise

114. Sigmoid volvulus rotation occurs: (UPPG 2007, 2005)
- a. Clockwise
- b. Anticlock wise
- c. Both clock wise and anti clock wise
- d. Axial in direction

115. Which of the following statements abut sigmoid volvulus is incorrect: (DPG 2009 March)
- a. More common with laxative abuse
- b. Non-operative treatment has no role
- c. Recurrence rate around 40%
- d. Sigmoid resection is definitive treatment

116. All are predisposing factors for sigmoid volvulus except: (DNB 2007)
- a. Hirschprung's diseases
- b. Chagas diseases
- c. Chronic constipation
- d. Tuberculosis

Ref: Schwartz 9/e p1055

Ans.
100. c. Rigid…
101. a. Sigmoid colon
102. c. Ogilvie's syndrome…
103. d. Cecopexy can be a form…
104. b. Right…
105. d. Midgut volvulus
106. c. Sigmoid volvulus
107. b. and c.
108. a. Mostly resolve…
109. c. and d.
110. a. Volvulus
111. b. Colectomy
112. d. All of the above
113. d. Either clockwise or…
114. c. Both clock wise and…
115. b. Non-operative treatment…
116. d. Tuberculosis

E. SMALL INTESTINE

1. **All are true about intestinal transplant except:**
   - a. Principal barrier to widespread application is vigorous rejection reactions (JIPMER GIS 2011)
   - b. Severe form of GVHD occurs when T cells of graft respond to foreign HLA cells
   - c. Uniquely dangerous complication is loss of protective mucosal barrier, bacterial translocation and severe sepsis
   - d. Majority of intestinal grafts are multi-visceral grafts

Ref: Sabiston 19/e p682-689; Schwartz 9/e p1010; Bailey 26/e p1429-1430, 25/e p1427-1428; Shackelford 7/e p1008-1012

2. **Gangrene of intestine is seen in all the following conditions, except:** (All India 2000)
   - a. Tricuspid valve endocarditis
   - b. Shock
   - c. Mesenteric artery thrombosis
   - d. Volvulus
3. **What is the investigation for small intestine abnormalities except:** (PGI Dec 2005)
   - a. Enteroclysis
   - b. Radionuclide
   - c. CT enteroclysis
   - d. MR enteroclysis
   - e. USG enteroclysis

Ref: Schwartz 9/e p1000, 1002, 1004; Shackelford 7/e p868, 884, 993

4. **Small intestinal biopsy is diagnostic in:** (PGI June 2006)
   - a. Whipple's disease
   - b. Abetalipoproteinemia
   - c. Celiac disease
   - d. Agammaglobulinemia *Ref: Harrison 18/e p2468*
5. **In intestine, lipoma is commonest in:** (AIIMS 2002)
   - a. Rectum
   - b. Sigmoid colon
   - c. Caecum
   - d. Ileum
6. **Mass in right iliac fossa can be:** (Kerala 2004)
   - a. Ileoceccal T.b.
   - b. Ileocecal neoplasm
   - c. Ameboma
   - d. All
7. **Intestine get strangulated most commonly in which space:**
   - a. Omental bursa (SGPGI 2005)
   - b. Paraduodenal space
   - c. Rectourterine space
   - d. Subphrenic
8. **Regarding abdominal cocoon all statements are true except:**
   - a. Common in young girl (PGI Nov 2009)
   - b. Associated with liver fibrosis
   - c. Fibrosis of small bowel and stomach
   - d. Chronic peritonitis is seen
   - e. Seen in tropical and subtropical region

Ref: www.emedicine_hlml/cocoon

9. **Maximum water reabsorption in the gastrointestinal tract occurs in:** (All India 2011)
   - a. Stomach
   - b. Jejunum
   - c. Ileum
   - d. Colon *Ref: Ganong 23rd/2341*
10. **On Contrast radiography which among the following is false:**
    - a. Ileum is featureless (AIIMS May 2011)
    - b. Colon has haustrations
    - c. Jejunum is feathery
    - d. Distal part of duodenum has a cap

Ref: BDC 4th/vol II/251

11. **Pain in hypogastric region may arise from:** (PGI May 2010)
    - a. Uterus
    - b. Left colon
    - c. Urinary bladder
    - d. Gallbladder *Ref: BDC 4th/vol II/221*
12. **Vitellointestinal duct closure is usually done at what age:**
    - a. At birth (MHSSMCET 2007)
    - b. 9 months
    - c. 6 weeks
    - d. 12 months *Ref: Bailey 25/e p1288*
13. **Which of the following is most prominent feature of immunoproliferative small intestine disease (IPSID):**
    - a. Malabsorption (AIIMS May 2012)
    - b. Obstruction
    - c. Bleeding
    - d. Abdominal pain *Ref: Harrison 18/e p944*
14. **Most common tumor of small bowel in children:**
    - a. Lymphoma (GB PANT 2011)
    - b. Carcinoma
    - c. Leiomyosarcoma
    - d. Adenocarcinoma

Ref: Sabiston 19/e p1257-1264; Schwartz 9/e p999-1001; Bailey 26/e p1159-1160, 25/e p1175-1177; Shackelford 7/e p771

15. **In small intestinal malignancy:**
    - a. Most common site is jejunum
    - b. Most common site is ileum (PGI SS June 2009, June 2006)
    - c. Most common type is adenocarcinoma
    - d. Less common due to decreased intestinal transit and increased enzymatic action

Ref: Sabiston 19/e p1257-1264; Schwartz 9/e p999-1001; Shackelford 7/e p771

16. **Most common malignancy of small bowel:** (PGI SS 2004)
    - a. Adenocarcinoma
    - b. Carcinoid tumors
    - c. Lymphoma
    - d. Papilloma
17. **Commonest tumor of small intestine is:**
    - a. Leiomyoma (All India 2004)
    - b. Lymphoma
    - c. Adenocarcinoma
    - d. Hemangioma *Ref: Shackelford 7/e p771*

Ans.

1. d. Majority of intestinal…
2. a. Tricuspid valve endocarditis
3. e. USG enteroclysis
4. a, b. and d.
5. d. Ileum
6. d. All
7. a. Omental bursa
8. b. Associated with liver fibrosis
9. b. Jejunum
10. d. Distal part of duodenum…
11. a, b, and c.
12. c. 6 weeks
13. a. Malabsorption
14. a. Lymphoma
15. b. Most common site…
16. b. Carcinoid tumors
17. a. Leiomyoma

18. True about small bowel tumour: (PGI June 2003)
a. Commonly located in duodenum
b. Lymphoma is common
c. Adenocarcinoma has good prognosis
d. Palliative surgeries are done even in presence of metastasis
e. Adjuvant chemotherapy is given

Ref: Sabiston 19/e p1258-1264; Schwartz 9/e p999-1001; Bailey 26/e p1159-1160, 25/e p1175-1177; Shackelford 7/e p778-780

19. Investigation of choice for small intestine tumor: (JIMPER 2008)
a. Ba meal follow through
b. Echo
c. X-ray abdomen
d. CT scan with contrast

20. True about duodenal adenocarcinoma: (PGI 2004)
a. Commonest small intestinal tumor
b. Arises from periampullary region
c. Jaundice and anaemia found
d. 5-years survival is 5%
e. Surgery is only curative

21. True about abdominal lymphoma: (PGI Nov 2011)
a. GIT lymphoma-most commonly has polypoid appearance
b. Primary small-intestinal lymphomas are most commonly located in the ileum
c. Lymphoma is most common primary malignant neoplasm of spleen
d. Stomach is most common site for extranodal lymphoma
e. MALT lymphoma is associated with H. pylori infection

Ref: Robbins 7/e p868-869, 826; Harrison 17/e p767, 775; Sabiston 19/e p1263-1264, 18/e p1507

22. Most common primary for small bowel metastasis: (AIIMS GIS May 2011)
a. Lungs
b. Melanoma
c. Breast
d. Kidney

Ref: Sabiston 19/e p1264

23. Anastomosis of small bowel is done by : (J and K 2005)
a. Suture in 1 layer by non-absorbable suture
b. Suture in 2 layers by non-absorbable suture
c. Suture in 2 layers by absorbable sutures
d. Suture in layers by absorbable suture

Ref: Shackelford 7/e p920-928

24. Treatment of choice in multiple intestinal strictures of segment of Jejunum is: (AIIMS 2002)
a. Resection and end to end anastomosis
b. Nobles procedure
c. Stricturoplasty
d. End to side anastomosis

25. All are associated with non-healing of fistula except: (GB PANT 2011)
a. Contained abscess
b. Distal obstruction
c. Non-epithelialization
d. Radiating enteritis

Ref: Sabiston 19/e p1270-1272; Schwartz 9/e p997-998; Bailey 26/e p1179-1180, 25/e p1184-1185; Shackelford 7/e p944-946

26. Causes of non-healing of enterocutaneous fistula are all except: (AIIMS GIS May 2011)
a. Epithelialization of track
b. Radiation enteritis
c. Acute inflammatory disease
d. Track length >3 cm

27. Favorable features for closure of enterocutaneous fistula are all except: (AIIMS GIS Dec 2011)
a. Tract <1 cm
b. No sepsis
c. No underlying bowel disease
d. No distal obstruction

28. All of the following delay healing of enterocu-taneous fistula except: (JIPMER GIS 2011)
a. Radiation
b. Foreign body
c. >2 cm fistulous tract
d. High output

29. Flstula leading to highest electrolyte in balance is:
a. Gastric
b. Duodenal (DNB 2009)
c. Sigmoid
d. Rectal

30. Which one of the following gastrointestinal disorders predisposes to urolithiasis: (UPSC 2007)
a. Peutz-Jegher's syndrome
b. Short bowel syndrome
c. Familial polyposis coli
d. Ulcerative colitis

Ref: Sabiston 19/e p1274-1276; Schwartz 9/e p1009-1010; Bailey 26/e p266, 25/e p228-229; Shackelford 7/e p998-1014

31. Which is not seen in massive resection of small bowel: (DPG 2008)
a. Hypogastrinemia
b. Vitamin B12 deficiency
c. Malabsorption
d. Oxalate stone

32. Complications of short bowel syndrome: (GB Pant 2011)
a. Gall stones
b. Oxalate renal stones
c. Cirrhosis
d. All of the above

33. Deficiency of which of the following vitamin is most commonly seen in short bowel syndrome with ileal resection: (DNB 2012, All India 2012)
a. Vitamin B12
b. Vitamin B1
c. Folic acid
d. Vitamin K

34. Renal calculus is seen in massive bowel resection due to: (AIIMS Nov 2004)
a. Reduced renal calcium excretion
b. More calcium absorption in gut
c. More oxalate absorption in gut
d. None of the above

35. Resection of 90% of the ileum and jejunum causes all the following except: (All India 2005)
a. Hypogastrinemia
b. Steatorrhea
c. Anemia
d. Extracellular volume depletion

Ref: Harrison 18/e p2472

Ans.
18. d. Palliative… **19.** a. Ba meal follow… **20.** b, c, and e. **21.** b, c, d, and e.
22. b. Melanoma **23.** a. Suture in 1 layer… **24.** c. Stricturoplasty **25.** c. Non-epithelialization
26. d. Track length >3 cm **27.** a. Tract <1 cm **28.** c. >2 cm fistulous tract **29.** b. Duodenal
30. b. Short bowel… **31.** a. Hypogastrinemia **32.** d. All of the above **33.** a. Vitamin B12
34. c. More oxalate… **35.** a. Hypogastrinemia

36. True about small bowel diverticula: (PGI June 2005)
a. Contains all the layers of bowel wall
b. Common in terminal ileum
c. Surgical treatment is not required
d. Seen on the mesenteric border

Ref: Sabiston 19/e p1264-1268; Schwartz 9/e p1004-1006; Bailey 26/e p1169, 25/e p1158; Shackelford 7/e p691-700

37. All are true about duodenal diverticula except:
a. Whenever found, should be treated due to increased risk of complications (AIIMS GIS May 2011)
b. Most common site is periampullary region
c. Can cause acute pancreatitis
d. Most are asymptomatic

Ref: Sabiston 19/e p1265-1266; Schwartz 9/e p1004-1006; Bailey 25/e p1158; Shackelford 7/e p691-695

38. Feature(s) of Jejunal diverticula is/are: (PGI Nov 2010)
a. Increase folate absorption
b. Decrease ferritin absorption
c. Decrease B12 absorption
d. Urea breath test
e. Steatorrhoea

Ref: Sabiston 19/e p1266-1268; Schwartz 9/e p1004-1006; Bailey 26/e p1169, 25/e p1158; Shackelford 7/e p698-700

39. Which one is not true regarding hyperplastic ileocecal tuberculosis: (All India 2001)
a. Mass in right iliac fossa
b. Common site ileocecal region
c. X-ray shows indrawing of caecum from ileum
d. Conservative management is treatment of choice

Ref: Sabiston 19/e p1254-1255; Schwartz 9/e p1007; Bailey 26/e p1158, 25/e p1174-1175

40. Which is true about intestinal tuberculosis:
a. Common site is appendix (PGI Dec 2010)
b. Causes intestinal perforation
c. Commonly associated with pulmonary TB
d. Caused by M. tuberculosis

41. Small intestinal tuberculosis can cause: (PGI 2002)
a. Diarrhea
b. Constipation
c. Stricture
d. Malabsorption

42. Most common indication for laparotomy in intestine TB is:
a. Peritonitis (PGI 2003)
b. Intestine obstruction
c. Doubtful diagnosis
d. Lower GI bleeding

43. Not true about hyperplastic tuberculosis: (UPPG 2000)
a. Most common site is ileo-cecal region
b. Presents as mass in right iliac fossa
c. Surgery is the treatment of choice
d. Barium studies are characteristic

44. Most common indication for operation in tuberculosis of intestine is: (Kerala 2001)
a. Obstruction
b. Perforation
c. Mass abdomen
d. GI symptoms

45. Commonest site of tuberculosis of the intestines:
a. Stomach
b. Ileum (All India 2003)
c. Jejunum
d. Colon

46. Commonest site involved in Ileocecal TB:
a. Intestinal wall
b. Lymph node
c. Mesentery
d. Intestinal mucosa

47. True regarding barium study of ileocecal tuberculosis:
a. String sign (PGI June 2009)
b. Goose neck sign
c. Right sided obstruction
d. Pulled up caecum
e. Sterlein sign

48. The most common cause of perforation of the distal ileum in India is: (UPSC 2005)
a. Tuberculosis
b. Typhoid
c. Amoebiasis
d. Regional enteritis *Ref: J Indian Med Assoc 199; 89:255-6*

49. All are true statement about Meckel's diverticulum except:
a. Occurs in 2% of population (PGI Nov 2010)
b. Perforation occurs
c. Common on anti-mesenteric border
d. Contains ectopic gastric tissue
e. Diarrhea very common

Ref: Sabiston 19/e p1268-1270; Schwartz 9/e p1002-1004, 1435; Bailey 26/e p1169-1170, 25/e p1158-1159; Shackelford 7/e p695-698

50. Ectopic mucosa of Meckel's diverticulum is diagnosed by:
a. Tc-99 radionuclide scan (AIIMS GIS Dec 2011, Dec 2010)
b. Angiography
c. CT
d. Endoscopy

51. All are true about Meckel's diverticulum except:
a. Congenital (GB Pant 2011)
b. True diverticula
c. Develop from omphalomesenteric duct
d. All incidentally detected Meckel's diverticulum should be resected

52. Ectopic gastric mucosa is best diagnosed with:
a. Scintigraphy
b. CT (GB Pant 2011)
c. USG
d. MRI

53. Most common presenting complication of Meckel's diverticulum:
a. Hemorrhage (Orissa 2011)
b. Intussusception
c. Meckel's diverticulitis
d. Intestinal obstruction

Ans.
36. d. Seen on the…
37. a. Whenever found,…
38. c. and e
39. d. Conservative management…
40. b. c. and d.
41. a, c, and d.
42. b. Intestine obstruction
43. c. Surgery is the treatment…
44. a. Obstruction
45. b. Ileum
46. d. Intestinal mucosa
47. a, b, c, d, and e.
48. b. Typhoid
49. e. Diarrhea very common
50. a. Tc-99 radionuclide scan
51. d. All incidentally detected…
52. a. Scintigraphy
53. a. Hemorrhage

54. Meckel's diverticulum is a derivative of: (AIIMS May 2005)

a. Allantoic diverticulum
b. Vitellointestinal duct
c. Ventral mesogastrium
d. Ductus arteriosus

55. The most frequent congenital anomaly of the GI tract is: (AIIMS 2002)

a. Imperforate anus
b. Meckel's diverticulum
c. Malrotation
d. Duodenal atresia

56. All of the following are true about Meckel's diverticulum except: (All India 2006)

a. Bleeding
b. Intussusception
c. Arises at the mesenteric border
d. Located 60 cm from the cecal valve

57. Which one of the following statements is incorrect regarding Meckel's diverticulum:

a. Is found on the anti-mesenteric border of the small intestine
b. Consists of mucosa without a muscle coat
c. Heterotopic gastric mucosa can ulcerate and cause a brisk gastrointestinal bleed
d. A fibrous band between the apex and umbilicus can cause intestinal obstruction

58. Best investigation for diagnosis of ectopic gastric mucosa in Meckel's diverticulum: (AIIMS June 2009)

a. Fluoroscopy
b. Occult blood test in stool
c. Ultrasound abdomen
d. Radionuclide scan

59. A wide mouthed Meckel's diverticulum is found accidently on laparotomy. What will be the treatment of choice:

a. Resection of diverticulum
b. Leave as such
c. Ligate at base
d. Resection with part of ileum

Ref: Sabiston 19/e p1270; Shackelford 7/e p698, 1065

60. Meckel's diverticulum, true are all except: (PGI June 2006)

a. Has three layers with artery
b. Heterotopic epithelium in 50-60% cases
c. Always gastric epithelium
d. May present with hemorrhage
e. When accidentally seen in laparotomy always resected

61. True about Meckel's diverticulum is/are: (PGI June 2001)

a. Bleeding PR
b. Can be a leading point of intussusception
c. Multiple diverticuli common
d. Visualized best by barium meal
e. Almost never requires active treatment

62. Which is true regarding site of Meckel's diverticulum: (PGI June 2005)

a. 2 feet proximal to ileocecal valve on mesenteric border
b. 2 feet distal to duodenojejunal flexure on antimesenteric border
c. 2 feet distal to D-3 flexure on mesenteric border
d. 2 feet proximal to ileocecal valve on antimesenteric border

63. Complications of Meckel's diverticulum include: (Kerala 2006)

a. Hemorrhage
b. Intussusception
c. Strangulation
d. All are correct

64. The commonest presentation of Meckel's diverticulum is: (All India 2001)

a. Bleeding
b. Obstruction
c. Diverticulitis
d. Intussuscception

65. Which one of the following conditions is diagnosed by Tc99 -Pertechnate scintigraphy: (UPSC 2004)

a. Pharyngeal diverticulum
b. Duodenal diverticulum
c. Meckel's diverticulum
d. Colonic diverticulum

66. The Meckel's diverticulum is situated within about ______ cm from the ileocecal valve: (COMEDK 2008, 2007)

a. 25
b. 60
c. 75
d. 100

67. Most common presentation of Meckel's diverticulum: (APPG 2008)

a. Lower GI bleeding
b. Upper GI bleeding
c. Diarrhea
d. Abdominal pain

68. Which of the following statement is not true about Meckel's diverticulum: (DPG 2007)

a. Most common congenital anomaly of small intestine
b. Most common is ectopic gastric mucosa
c. Bleeding may occur from the wall
d. Wide mouth stapling at the base for non bleeding cases

Ref: Bailey 25/e p1159, 24/e p1160

69. Uncommon complication of Meckel's diverticulum: (MCI Sept 2005)

a. Intussusception
b. Diverticulitis
c. Malignancy
d. Increased bleeding

Ans.	**54.** b. Vitellointestinal duct	**55.** b. Meckel's diverticulum	**56.** c. Arises at the…	**57.** b. Consists of mucosa without…
	58. d. Radionuclide scan	**59.** a. Resection of diverticulum	**60.** c. and e.	**61.** a. and b
	62. d. 2 feet proximal…	**63.** d. All are correct	**64.** a. Bleeding	**65.** c. Meckel's diverticulum
	66. b. 60	**67.** a. Lower GI bleeding	**68.** d. Wide mouth stapling at…	**69.** c. Malignancy

70. Common congenital anomaly of midgut is: (ComedK 2008)
a. Hirschsprung's disease
b. Omphalocele
c. Duodenal atresia
d. Meckel's diverticulum

71. Efficacy of Tc-Pertechnate scan is increased by all except: (AIIMS GIS Dec 2006)
a. Glucagon
b. Pentagastrin
c. Cimetidine
d. Metoclopramide

72. All are true regarding superior mesenteric artery syndrome, except: (All India 2000)
a. Caused by compression of distended duodenum
b. Common in young females
c. Does not occur in obese individuals
d. Most common in 6th-7th decade

Ref: Sabiston 19/e p1276; Shackelford 7/e p866

73. What is probable diagnosis of a patient with spinal POP cast presenting with bilious vomiting:
a. Acute dilation of stomach
b. Duodenal obstruction
c. Peritonitis
d. Acute pancreatitis

74. All of the following is true regarding superior mesenteric artery syndrome, except: (MHSSMCET 2008)
a. Common in young females
b. Caused by compression of third part of duodenum
c. Vomiting and post-prandial abdominal pain are typical symptoms
d. Gastrojejunostomy is treatment of choice in chronic cases

75. A young, apparently healthy patient presented with air under bilateral domes of diaphragm, which is because of: (GB PANT 2011)
a. Pneumatosis cystoides intestinalis
b. Diverticulitis
c. Perforated peptic ulcer
d. Band with Meckel's diverticulum

Ref: Sabiston 19/e p1272-1273; Schwartz 9/e p1009; Shackelford 7/e p1057-1058

76. Treatment of choice for pneumatosis intestinalis, which is uncomplicated: (MHPGMCET 2007)
a. High flow oxygen therapy
b. Steroids and antibiotics
c. Surgical resection
d. Sulfasalazine therapy

77. Pneumatosis intestinalis in plain abdominal Roentgenogram is seen in: (Orissa 2011)
a. Meconium ileus
b. Neonatal necrotizing enterocolitis
c. Duodenal atresia
d. Intestinal obstruction

78. All are correct regarding pneumatosis cystoides except one: (AIIMS June 2007)
a. Spontaneous regression is seen
b. Surgical resection indicated
c. May cause tension pneumoperitoneum
d. May cause severe bleeding

79. When the gas filled cysts are found in subserosa or submucosa of small intestine or colon, it is called: (AMU 2005)
a. Pneumatosis cystoides intestinalis
b. Colonoscopy
c. Double contrast barium enema
d. Mesenteric cyst

80. Pneumatosis intestinalis is diagnostic of: (COMEDK 2009)
a. Ileal perforation
b. Necrotizing enterocolitis
c. Meconium ileus
d. Colonic aganglionosis

81. Multiple strictures in intestine are found in: (All India 2000)
a. Radiation enteritis
b. Duodenal ulcer
c. Ulcerative colitis
d. Gastric erosion

Ref: Sabiston 19/e p1273-1274; Schwartz 9/e p1001-1002; Shackelford 7/e p986-997

82. Dose of radiation causing small intestinal radiation enteritis: (AIIMS GIS Dec 2006)
a. 2300 rad
b. 5000 rad
c. 5500 rad
d. 6000 rad

83. Intestine can tolerate a maximum dose of radiation upto: (ILBS 2011)
a. 3000 rad
b. 4000 rad
c. 5000 rad
d. 6000 rad

84. Typhoid perforation occurs during: (MHSSMCET 2005, MHPGMCET 2006)
a. 1st week
b. 2nd week
c. 3rd week
d. 4th week

Ref: Sabiston 19/e p1254; Schwartz 9/e p1007; Bailey 26/e p91-92, 25/e p1174; Harrison 18/e p1276

85. A 14-years old girl with history of prolonged fever and abdominal discomfort is observed to have splenomegaly and leucopenia. In the course of disease she developed acute abdominal event and died. Which of the following is the likely finding on autopsy: (All India 2012)
a. Transverse ulcers
b. Longitudinal ulcers
c. Pin point ulcers
d. Pseudopolyps

86. Typhoid perforation is diagnosed by: (AIIMS 2003)
a. Plain X-ray of abdomen in erect posture
b. Rectal examination
c. Gastric aspiration
d. Barium enema

Ans.	**70.**	d. Meckel's…	**71.**	d. Metoclopramide	**72.**	d. Most common in…	**73.**	b. Duodenal obstruction
	74.	d. Gastrojejunostomy…	**75.**	a. Pneumatosis cystoides…	**76.**	a. High flow oxygen…	**77.**	b. Neonatal necrotizing…
	78.	b. Surgical resection…	**79.**	a. Pneumatosis cystoides…	**80.**	b. Necrotizing enterocolitis	**81.**	a. Radiation enteritis
	82.	b. 5000 rad	**83.**	b. 4000 rad	**84.**	c. 3rd week	**85.**	b. Longitudinal ulcers
	86.	a. Plain X-ray of…						

87. A 24-year-old male, who has been having fever for 15 days starts having acute pain and distension of abdomen. Abdominal examination reveals generalized tenderness with guarding. The most likely diagnosis is: (UPSC 2008)

a. Acute appendicitis
b. Acute pancreatitis
c. Enteric perforation
d. Duodenal ulcer perforation

88. A neonate presented with bilious vomiting and X-ray showing disproportionate size of bowel loops with no air-fluid levels. Most likely diagnosis is: (KGMC 2011)

a. Intestinal atresia
b. Midgut volvulus
c. Meconium ileus
d. Meconium plug syndrome

Ref: Sabiston 19/e p1841-1843; Schwartz 9/e p1427; Bailey 25/e p84-85; Shackelford 7/e p1049-1051

89. Most common site of intestinal duplication: (PGI SS June 2001)

a. Duodenum
b. Jejunum
c. Ileum
d. Colon

Ref: Shackelford 7/e p1051-1053

90. Commonest cause of intestinal obstruction in neonate is: (MHPGMCET 2001)

a. Meconium ileus
b. Intestinal atresia
c. Hirschsprung's disease
d. Volvulus

91. True about duplication of intestine is: (PGI June 2002)

a. Spherical type is MC
b. Tubular type is attached longitudinally with bowel
c. Spherical cyst communicates with lumen
d. All of the above

92. Commonest site of intestinal atresia is in the: (KGMC 2011)

a. Duodenum
b. Jejunum
c. Ileum
d. Colon

93. The treatment of choice in duodenal atresia: (All India 2002)

a. Gastrojejunostomy
b. Duodenojejunostomy
c. Bishop koop procedure
d. Duodenoduodenostomy

94. "Apple peel" bowel with loss of dorsal mesentery is feature of which type of ileal atresia:

a. Type 1
b. Type 2
c. Type 3
d. Type 4

Ref: Sabiston 19/e p1842; Shackelford 7/e p1050

95. All are true about carcinoid tumors except: (GB PANT 2011)

a. Small bowel is the least common site
b. Multifocal in 30% cases
c. Associated with synchronous adenocarcinoma
d. Associated with MEN-1 in 10% cases

Ref: Sabiston 19/e p1258-1262; Schwartz 9/e p999-1001; Bailey 26/e p1160, 25/e p1176-1177; Shackelford 7/e p1021-1023; Harrison 18/e p3060-3064

96. All of the following statements about carcinoid tumors are true except: (All India 2012)

a. It is the most common malignant tumor of the small intestine
b. Extensive involvement of small intestine is associated with higher probability of lung metastasis
c. Five year survival for carcinoids tumors is > 60%
d. Appendiceal carcinoids are more common in females

Ref: Sabiston 19/e p1258-1262; Schwartz 9/e p999-1001; Bailey 26/e p1159-1160, 25/e p1176-1177; Shackelford 7/e p1021-1023

97. Least common volvular disease in carcinoids is: (JIPMER GIS 2011)

a. TS
b. TR
c. PR
d. PS

98. All are seen in carcinoid syndrome except: (HPU 2005)

a. Diarrhea
b. Constipation
c. Liver metastasis
d. 5-HT secretion

99. Most common site for carcinoid tumor: (MAHE 2008)

a. Appendix
b. Liver
c. Stomach
d. Rectum

100. All of the following are associated with carcinoid syndrome except: (MCI Sept 2005)

a. Cyanosis
b. Diarrhea
c. Flushing
d. Acute appendicitis

101. All of the following about gastrointestinal carcinoid tumors are true, except: (All India 2010)

a. Small intestine and appendix account for almost 60% of all gastrointestinal carcinoid
b. Rectum is spared
c. 5-years survival for carcinoid tumors is >60%
d. Appendiceal carcinoids are more common in females than males

102. True about carcinoid syndrome: (PGI Nov 2011)

a. Associated with MEN-1
b. Serum chromagranin-A is elevated
c. Urinary excretion of 5-HIAA in increased
d. Urinary excretion of 5-HIAA is decreased
e. Octreotide is used for treatment

Ans.	**87.**	c. Enteric perforation	**88.**	a. Intestinal atresia	**89.**	c. Ileum	**90.**	b. Intestinal atresia
	91.	a. and b.	**92.**	a. Duodenum	**93.**	d. Duodenoduodenostomy	**94.**	c. Type 3
	95.	a. Small bowel is the…	**96.**	b. Extensive involvement…	**97.**	c. PR	**98.**	b. Constipation
	99.	d. Rectum	**100.**	d. Acute appendicitis	**101.**	b. Rectum is spared	**102.**	a, b, c, and e.

103. False about carcinoid syndrome: (PGI May 2011)
a. Foregut carcinoid-serotonin in blood
b. Midgut carcinoid-serotonin in blood
c. Foregut carcinoid-serotonin in blood
d. Midgut carcinoid-normal urinary 5-HIAA

104. Which of the following is true of small bowel carcinoids: (AIIMS Nov 2006)
a. Most common site is duodenum
b. It does not cause endocardial fibroelastosis
c. Increased risk of CA lung
d. It is the most common malignancy of small intestine

Ans. **103.** a. and d. **104.** d. It is the most…

F. LARGE INTESTINE

1. **What is epicolic node:** (APPG 2008)
   - a. Node draining colon
   - b. Adjacent to aorta
   - c. Epitracheal node
   - d. None *Ref: BDC 4/vol II/254; Grays 40/e p1077*
2. **True about colonic organisms is:** (PGI Dec 2002)
   - a. Distal ileum 103 - 105 organisms
   - b. Colon 1010 - 1011 organisms
   - c. First organism in new born is coliforms and streptococcus
   - d. Chyme in jejunum contains many bacteria

   Ref: Jawetz Microbiology 23rd/1154; Sabiston 19/e p1303; Schwartz 9/e p1019
3. **Antiperistalsis is seen in:** (AIIMS 2001)
   - a. Distal colon
   - b. Jejunum
   - c. Proximal colon
   - d. Ileum *Ref: Sabiston 19/e p1307*
4. **Mass movement of the colon would be abolished by:**
   - a. Extrinsic denervation (ComedK 2005)
   - b. Distension of the colon
   - c. Gastrocolic reflex
   - d. Destruction of Auerbach's plexus *Ref: Ganong 22/e p479*
5. **Which of the following is the terminal group of lymph node for colon:** (AIIMS May 2011)
   - a. Paracolic
   - b. Epicolic
   - c. Preaortic
   - d. Ileocolic
6. **Which of the following is not degraded by colonic flora:**
   - a. Pectin (AIIMS May 2011)
   - b. Lignin
   - c. Starch
   - d. Glucose *Ref: Sabiston 19/e p1304-1305*
7. **A patient suffered bullet injury to left side of the colon and presented in the causality department after 12 hours. What will be the management:** (AIIMS Nov 2000)
   - a. Proximal defunctioning colostomy
   - b. Primary closure
   - c. Proximal colostomy and bringing out the distal end as mucus fistula
   - d. Resection and primary anastomosis

   Ref: Sabiston 19/e p465-466
8. **Functional GI disorders can be differentiated from organic GI disorders by:** (SGPGI 2005)
   - a. Abdominal pain
   - b. Diarrhea
   - c. Tenesmus
   - d. Bleeding PR
9. **All are true about colonic lipoma except:** (PGI SS June 2001)
   - a. Squeeze sign on radiology
   - b. Most common site is cecum
   - c. Most commonly subserosal
   - d. Most commonly submucosal *Ref: Maingot 11/e p838*
10. **After hemicolectomy, on the 6th post operative day patient developed serous discharge from the wound, following are to be done:** (PGI Dec 2003)
    - a. Dressing of the wound only
    - b. Start IVF
    - c. Do urgent laparotomy
    - d. Do Ba-enema to see for anastomotic leak

    Ref: CSDT 11/e p24
11. **On the 4th postoperative day of laparotomy a patient presents with bleeding and oozing from the wound. Management is:** (PGI June 2006)
    - a. Dressing of wound and observe for dehiscence
    - b. IV fluids
    - c. Send for USG abdomen
    - d. Start treatments for peritonitis
    - e. Urgent surgery
12. **The appearance of anastomotic leakage following a low colonic anastomosis most often mainfests:**
    - a. 1-4 days (PGI 2002)
    - b. 5-10 days
    - c. 11-15 days
    - d. 16-20 days
    - e. None of the above
13. **The most likely cause for suture leak after colon resection and anastomosis for cancer sigmoid is:** (PGI 2000)
    - a. Subclinical malnutrition
    - b. Infection of anastomotic site
    - c. Mechanical disruption due to colonic pressure and contractility
    - d. Ischemia
14. **Cattle's maneuver is mobilization of:** (MHSSMCET 2005)
    - a. Sigmoid colon
    - b. Descending colon
    - c. Small bowel
    - d. Caecum and ascending colon

    Ref: Sabiston 19/e p1796-1797
15. **Dunking maneuver is used in:** (MHSSMCET 2009)
    - a. Left hemicolectomy
    - b. Right Hemicolectomy
    - c. Right extended hemicolectomy
    - d. Anterior resection
16. **True about enterocutaneous fistula:** (PGI Dec 2000)
    - a. High output fistula drains 500 ml/day
    - b. Malignancy is most common cause
    - c. Fluid and electrolyte loss can occur
    - d. No skin damage
17. **Most common cause of colonic fistula in India at age of 27 years:** (UPPG 2008)
    - a. Crohn's disease
    - b. Ulcerative colitis
    - c. Tuberculosis
    - d. Carcinoma rectum

Ans.
1. a. Node draining colon
2. b. Colon 1010-1011…
3. c. Proximal colon
4. d. Destruction of…
5. c. Pre-aortic
6. b. Lignin
7. c. Proximal colostomy and…
8. d. Bleeding PR
9. c. Most commonly…
10. b. Start IVF, c. Do urgent…
11. b. IV fluids, e. Urgent…
12. b. 5-10 days
13. d. Ischemia
14. d. Cecum and ascending…
15. b. Right hemicolectomy
16. a. and c.
17. a. Crohn's disease

18. Three lymph nodes in CA colon represents: (KGMC 2011)
a. IB
b. IA
c. II
d. III *Ref: Sabiston 19/e p1355; Shackelford 7/e p2134*

19. Stage IIIC in colorectal cancer: (GB Pant 2011)
a. T2N0M0
b. T2N2M0
c. T2N1M0
d. T4N1M0

20. Management of carcinoma rectosigmoid with obstructive carcinoma in elderly frail: (PGI Nov 2009)
a. Colostomy
b. Abdomino-perineal resection (APR)
c. Resection and primary anastomosis
d. Hartmann procedure
e. Laser recanalisation
Ref: Maingot 11/e p705; CSDT 11/e p722; Sabiston 19/e p3154-3156; Schwartz 9/e p1048-1049; Bailey 26/e p1165-1169, 25/e p1181-1184; Shackelford 7/e p2060-2066

21. Treatment of carcinoma left colon with acute obstruction includes: (PGI June 2008)
a. Hartman's procedure
b. Left colectomy with anastomosis
c. Proximal colostomy
d. Extended right colectomy with ileoanal anastomosis
e. Primary anastomosis should never be attempted

22. Treatment included in management of unresectable colorectal cancer liver metastases: (PGI May 2011)
a. Portal vein embolization
b. Radiotherapy
c. Resection
d. Staged operation
e. Chemotherapy *Ref: Sabiston 19/e p1460-1463*

23. In case of elective surgery of carcinoma sigmoid colon, which of the following should be done: (PGI June 2004)
a. Mechanical bowel wash
b. Broad spectrum antibiotic given 48 hours before operation
c. Broad spectrum antibiotic at the time of operation
d. None

24. After undergoing surgery, for carcinoma of colon a patient developed single liver metastasis of 2 cm. What you do next:
a. Resection (All India 2002)
b. Chemoradiation
c. Acetic acid injection
d. Radiofrequency ablation

25. A 60-years old man suffering from left colon carcinoma presented with acute left colonic obstruction the treatment is: (PGI June 2003)
a. Primary resection and Hartman's procedure
b. Defunctioning colostomy
c. Right hemicolectomy
d. Resection of whole left bowel and end to end anastomosis
e. Conservative treatment

26. True about treatment of carcinoma left colon with acute obstruction: (PGI June 2008)
a. Hartman's procedure
b. Left colectomy with anastomosis
c. Proximal colostomy
d. Extended right colectomy with ileoanal anastomosis
e. Primary anastomosis should never be attempt

27. Ramu is 60 years old male with CA descending colon presents with acute intestinal obstruction. In emergency department treatment of choice is:
a. Defunctioning colostomy
b. Hartman's procedure (AIIMS Nov 2002)
c. Total colectomy
d. Left hemicolectomy

28. Pre-malignant conditions is/are: (PGI Dec 2006)
a. Ulcerative colitis
b. Amoebic colitis
c. Familial polyposis coli
d. Juvenile polyp
e. Peutz-Jegher's syndrome
Ref: Maingot 11th/626-629; Sabiston 19/e p1340-1342; Schwartz 9/e p1041; Bailey 25/e p1179; Shackelford 7/e p2052-2058

29. Based on epidemiological studies, which of the following has been found to be most protective against carcinoma colon: (DNB 2011, AIIMS May 2011, All India 2009)
a. High fiber diet
b. Low fat diet
c. Low selenium diet
d. Low protein diet
Ref: Maingot 11/e p626-627; Schwartz 9/e p1041; Shackelford 7/e p2052

30. Genetic abnormality in case of late adenoma to carcinoma in CA colon: (AIIMS GIS Dec 2009)
a. APC
b. K-ras
c. DCC
d. p53
Ref: Sabiston 19/e p1341; Schwartz 9/e p421; Shackelford 7/e p2051

31. All of the following genes may be involved in development of carcinoma of colon except: (All India 2009)
a. APC
b. Beta-Catenin
c. K-ras
d. Mismatch repair genes *Ref: Sabiston 19/e p1338*

32. Cholecystectomy may lead to increased risk of:
a. Proximal colon cancer (ComedK 2004)
b. CA. pancreas
c. Hepatic cancer
d. Cholangiocarcinoma *Ref: Maingot 11/e p628*

33. Dietary factors associated with colon carcinoma:
a. High fiber (PGI Dec 2002)
b. Low fiber
c. Smoked fish
d. High fat intake
e. Japanese are common to develop carcinoma colon

Ans.	**18.** d. III	**19.** d. T4N1M0	**20.** a, d, and e.	**21.** a, b, c, and d.
	22. d. and e.	**23.** a. and c.	**24.** a. Resection	**25.** a, b, and d.
	26. a, b, c, and d.	**27.** b. Hartman's procedure	**28.** a. Ulcerative… c. Familial…	**29.** a. High fiber diet
	30. d. p53	**31.** b. Beta-Catenin	**32.** a. Proximal colon cancer	**33.** b, d, and e.

34. Which of these are associated with increased risk of colorectal carcinoma: (PGI June 2002)
a. More intake of animal fat
b. Aspirin
c. Ulcerative colitis
d. Amoebic colitis
e. Polyps

35. Predisposing factors for colon carcinoma are:
a. Animal fat consumption (PGI June 2002)
b. Familial adenomatous polyposis
c. Ulcerative colitis
d. Crohn's disease
e. TB

36. Commonly undergoing malignant transformation is/are:
a. FAP (PGI June 2006)
b. Crohn's disease
c. Ulcerative colitis
d. Enteric colitis
e. Juvenile polyp

37. Which among the following is not pre-malignant:
a. Ulcerative colitis (PGI 2000)
b. Peutz-Jegher's syndrome
c. Villous adenoma
d. Familial adenomatous polyposis

38. Which of the following is not true about FAP:
a. AR inheritance (AIIMS May 2011)
b. Screening done by sigmoidoscopy
c. Polyps develop in late adulthood
d. Epidermal cysts and osteomas may occur

Ref: Sabiston 19/e p1348-1349; Schwartz 9/e p1043-1044; Bailey 26/e p1161-1162, 25/e p1177-1178; Shackelford 7/e p2033-2041

39. All are true about FAP except: (JIPMER GIS 2011)
a. Gastric and duodenal polyps are most common
b. Most of the gastric polyps represents fundal gland hyperplasia
c. Increased risk of ampullary carcinoma
d. CHRPE can be detected by ophthalmoscopy in 25% patients

40. Recommended treatment of FAP involving sigmoid colon:
a. Total colectomy with ileorectal anastomosis
b. Total colectomy with IPAA (AIIMS GIS Dec 2006)
c. Segmental resection
d. Total proctocolectomy with IPAA

41. Are true about FAP except: (AIIMS GIS Dec 2006)
a. >100 polyps for diagnosis
b. Mutation in APC gene
c. Budesonide prevent CA colon
d. Endometrial carcinoma is a prominent association

Ref: Shackelford 7/e p2038

42. Which is not true about familial polyposis:
a. FAP: 100% risk of CRC cancer (AIIMS GIS May 2008)
b. Juvenile polyposis: 20% risk of CRC cancer
c. HNPCC: 30-60% risk of endometrium cancer
d. Cowden's syndrome: 30% risk of CRC cancer

43. Most common associated cancer in FAP:
a. CA pancreas (AIIMS GIS Dec 2009)
b. Periampullary carcinoma
c. CA thyroid
d. Stomach

44. Which of the following is true about FAP: (GB Pant 2011)
a. In stomach, most common are gastric adenomas
b. Gastric carcinoma is common
c. Duodenal carcinoma in 50% patients
d. Duodenal adenoma in 60-90% patients

Ref: Shackelford 7/e p2037

45. Gardner's syndrome is associated with all except:
a. Brain tumor (PGI SS Dec 2009)
b. Desmoid tumor
c. Osteoma
d. Abnormal dentition

Ref: Sabiston 19/e p1346-1347; Schwartz 9/e p1043-1044; Bailey 25/e p1177-1178; Shackelford 7/e p2035, 2055

46. "Gardner's syndrome" has all the following except:
a. Colonic polyp (ComedK 2005)
b. Multiple epidermal cyst
c. Bony exostosis
d. Giant gastric folds

47. True about familial polyposis colon cancer syndrome except:
a. Autosomal recessive (JIPMER 2011)
b. Associated with fibroma and osteomas
c. Associated with brain tumors
d. 100% incidence of colon carcinoma

48. Turcot's syndrome is associated with: (PGI June 2002)
a. Duodenal polyps
b. Familial adenomatous polyposis
c. Brain tumors
d. Villous adenoma
e. Hyperplastic polyps *Ref: Sabiston 19/e p1346-1347*

49. The most common facial abnormality in Gardener's syndrome:
a. Ectodermal dysplasia (AIIMS Nov 2005)
b. Odontome
c. Multiple osteomas
d. Dental cysts

50. Gardner's syndrome is a rare hereditary disorder involving the colon. It is characterized by:
a. Polyposis colon, cancer thyroid, skin tumors.
b. Polyposis in jejunum, pituitary adenoma and skin tumors.
c. Polyposis colon, osteomas, epidermal inclusion cysts and fibrous tumors of the skin
d. Polyposis of gastrointestinal tract, cholangiocar-cinoma and skin tumors.

51. Following genetic counseling in a family for Familial polyposis coli, next screening test is: (AIIMS Nov 2006)
a. Flexible sigmoidoscopy
b. Colonoscopy
c. Occult blood in stools
d. APC gene

Ans.
34. a, c and e.
35. a, b, c, and d.
36. a, b, and c.
37. b. Peutz-Jegher's syndrome
38. a. AR inheritance
39. d. CHRPE can be detected…
40. d. Total proctocolectomy…
41. d. Endometrial carcinoma is a…
42. d. Cowden's…
43. b. Periampullary carcinoma
44. d. Duodenal adenoma in…
45. a. Brain tumor
46. d. Giant gastric folds
47. a. Autosomal recessive
48. b. Familial… c. Brain…
49. c. Multiple osteomas
50. c. Polyposis colon…
51. d. APC gene

52. All are true about Gardner's syndrome except: (SGPGI 2005)

a. Protein losing enteropathy
b. Always in 5th decade of life
c. Small intestine polyp
d. Malignancy is common

53. Acquired diverticula are most commonly in seen in: (MHSSMCET 2007)

a. Jejunum/ileum
b. Transverse colon
c. Sigmoid colon
d. Ascending colon

Ref: Sabiston 19/e p1309-1310; Schwartz 9/e p1038-1041; Bailey 26/e p1170-1173, 25/e p1160-1163; Shackelford 7/e p1879-1895

54. True about diverticulitis: (PGI June 2009)

a. Occur at any age
b. Often incidental finding at operation
c. Young patient has more aggressive disease
d. Left sided colon involvement is more common
e. Operation is not done for all patients

Ref: Sabiston 19/e p1310-1314; Schwartz 9/e p1140; Bailey 26/e p1170-1173, 25/e p1160-1163; Shackelford 7/e p1882-1886

55. Commonest fistula in diverticulitis: (MHSSMCET 2006)

a. Enterocutaneous
b. Enteroenteric
c. Colovesical
d. Coloureteral

56. A 40-year-old male patient presented with mild abdominal pain, mild constipation with a feeling of incomplete evacuation and mucus in stools for the past four years. On examination, tenderness is presenting left iliac fossa. The most likely diagnosis is: (AIIMS May 2012)

a. Ulcerative colitis
b. Diverticular disease of colon
c. Irritable bowel syndrome
d. Carcinoma colon

57. Colonic diverticulosis is best diagnosed by: (AIIMS May 2007)

a. Colonoscopy
b. Nuclear scan
c. Barium enema
d. CT scan

58. Correct about diverticulosis is: (PGI June 2008)

a. Arise from diverticula of colon
b. Common in ileum
c. Protrusion of mucosa through muscular layers at point of blood vessel
d. All of the above

59. Massive colonic bleeding in a patient of diverticulosis is from: (All India 2000)

a. Inferior mesenteric artery
b. Superior mesenteric artery
c. Celiac artery
d. Gastro-duodenal artery

Ref: Sabiston 19/e p1175; Schwartz 9/e p1040; Bailey 26/e p1170-1173, 25/e p1160-1163; Shackelford 7/e p1883-1884

60. In acute diverticulitis of the colon, the sigmoidoscopic finding is: (Kerala 2007)

a. Mucosa is inflamed
b. Minute diverticuli seen
c. Saw toothed appearance
d. Sigmoidoscope cannot be passed beyond 15 cm

61. Internal fistulas with colonic diverticulitis are most often: (PGI 81, 2004)

a. Colovesical
b. Coloenteric
c. Colocolonic
d. Colovaginal
e. Coloureteral

62. Diverticular disease is not common in: (Karnataka 2008)

a. Colon
b. Jejunum
c. Duodenum
d. Stomach

Ref: Shackelford 7/e p1879

63. Which of the following about acute diverticulitis is incorrect: (DPG 2009 March)

a. Sigmoid is the commonest site
b. Peri-colic abscess can occur
c. Fistulization is an emergency
d. Conservative treatment may be successful in severe attack

Ref: Sabiston 19/e p1313

64. The most common site of bleeding diverticula is: (DPG 2008)

a. Sigmoid colon
b. Descending colon
c. Rectum
d. Ascending colon

65. The term "Left sided appendicitis" as popularly called is nothing but:

a. Diverticulitis
b. Ascending colitis
c. Descending colitis
d. Typhilitis

66. A obese old patient with diverticular disease if presents with perforation, what will the treatment of choice: (MHSSMCET 2005)

a. Primary resection and anastomosis
b. Hartman's procedure
c. Conservative approach
d. Left Hemicolectomy

Ref: Sabiston 19/e p1313-1314

67. True about Hirschprung's disease: (PGI May 2010, Dec 2008)

a. Aganglionic segment is contracted not dilated
b. Descending colon is most common site of aganglionosis
c. Barium enema is diagnostic
d. It is seen in infants and children only
e. Barium enema show calcification

Ref: Sabiston 19/e p1848-1849; Schwartz 9/e p1435-1437; Bailey 26/e p1177, 25/e p1155-1156

Ans.	**52.** b. Always in 5th…	**53.** c. Sigmoid colon	**54.** d. and e.	**55.** c. Colovesical
	56. b. Diverticular…	**57.** c. Barium enema	**58.** a. and c.	**59.** b. Superior…
	60. a. Mucosa is inflamed	**61.** a. Colovesical	**62.** b. Jejunum	**63.** c. Fistulization is…
	64. d. Ascending colon	**65.** a. Diverticulitis	**66.** b. Hartman's procedure	**67.** a. Aganglionic…

68. Duhamel's operation is done for: (MHSSMCET 2005)
a. Hirschsprung's disease
b. Meconium ileus
c. Annular pancreas
d. Imperforate anus

69. Hirschprung's disease is best diagnosed by:
a. Rectal biopsy (All India 2012, AIIMS GIS Dec 2011)
b. Anal manometry
c. CT
d. MRI

70. Not true regarding Hirschsprung's disease is:
a. Autosomal dominant (AIIMS Nov 2007)
b. Absent ganglionic cells in myenteric plexus
c. Absent ganglionic cell in submucous plexus
d. Rectal biopsy is diagnostic

71. Aganglionic segment is encountered in which part of colon in case of Hirschsprung's disease: (AIIMS Nov 2009)
a. Distal to dilated segment
b. In whole colon
c. Proximal to dilated segment
d. In dilated segment

72. Hirschsprung's disease involves which region of intestine:
a. Colon (MCI March 2008)
b. Rectum
c. Rectosigmoid part
d. Terminal ileum

73. Treatment of choice in a child with short segment Hirschsprung's disease with minimal symptoms:
a. Conservative treatment
b. Extended myectomy
c. Swenson operation
d. Duhamel's operation

74. Hirschprung's disease: (PGI June 2002)
a. Is seen in infants and children only
b. Absence of ganglia in involved segment
c. The involved segment is the dilated colon
d. Bleeding PR is a presenting feature
e. Surgery is used in therapy

75. True about Hirschsprung's disease: (PGI June 2001)
a. Pathology of myenteric plexus of Auerbach
b. Blood in stools
c. May involve small intestine rarely
d. Involved segment of intestine is dilated
e. Present only in infant and children

76. Investigation of choice in Hirschsprung's disease is:
a. Rectal manometry (AIIMS Nov 2005, DNB 2005, 2000, PGI Dec 2005)
b. Rectal examination
c. Rectal biopsy
d. Ba enema

77. True statements about congenital megacolon include all of the following except: (All India 2003)
a. Dilatation and hypertrophy of pelvic colon
b. Loud borborygmi
c. Symptoms appear within 3 days following birth
d. Large stool

78. Hirschprung's disease true are: (PGI June 2006)
a. Sometimes found in adult
b. Dilated segment involved
c. Auerbach's plexus absent
d. Sometimes involve small intestine
e. Bleeding PR is usual presentation

79. In Hirschprung's disease, aganglionic segment is:
a. Normal or dilated (DNB 2010)
b. Normal or contracted
c. Dilated or contracted
d. Always dilated

80. Fecal soiling in children is most commonly due to:
a. Hirschsprung's disease (PGI June 2009)
b. Chronic constipation
c. Rectal atresia
d. None of the above

81. Absence of ganglion in myenteric plexus is seen in:
a. Crohn's disease (PGI June 2006)
b. Ulcerative colitis
c. Hirschprung's disease
d. Intussusception

82. A new born presented with bloated abdomen shortly after birth with passing of less meconium. A full thickness biopsy of the rectum was carried out. Which one of the following rectal biopsy findings is most likely to be present:
a. Fibrosis of submucosa (All India 2005)
b. Hyalinisation of the muscular coat
c. Thickened muscularis propria
d. Lack of ganglion cells

83. Following procedures (except one) are done for correction of Hirschprung's disease: (JIPMER 2004)
a. Duhamel's
b. Soave's
c. Swenson's
d. Bayar's

84. The operative treatment in Hirschsprung's disease is only undertaken when child: (TN 2002)
a. Is 2 years of age
b. Is a least 8 kg in weight and thriving
c. Has no distension of abdomen
d. Has failed to respond to conservative treatment

Ref: Schwartz 9/e p1436-1437

85. When rectal washouts are given to Hirschsprung's disease, the following fluid is used: (Karnataka 2003)
a. 5% dextrose
b. Normal saline
c. Soap solution
d. Tap water

Ans.
68. a. Hirschsprung's…
69. a. Rectal biopsy
70. a. Autosomal dominant
71. a. Distal to dilated segment
72. c. Rectosigmoid part
73. b. Extended myectomy
74. b. and e.
75. a. and c.
76. c. Rectal biopsy
77. d. Large stool
78. a. and d.
79. b. Normal or contracted
80. b. Chronic constipation
81. c. Hirschprung's disease
82. d. Lack of ganglion cells
83. d. Bayar's
84. b. Is a least 8 kg in…
85. b. Normal saline

86. All are features of congenital megacolon except: (All India 2008)
a. Large bulky stools
b. Tight anal ring
c. Pseudodiarrhoea
d. Failure to thrive

87. Hirschprung's disease is treated by: (APPG 2006)
a. Colostomy
b. Excision of aganglinonic segment
c. Colectomy
d. Sodium chloride wash

88. A 3-year-old male child presents with history of constipation and abdominal distension for the last two years. The plain radiograph of abdomen reveals fecal matter containing distended bowel loops. A barium enema study done subsequently shows a transition zone at the recto-sigmoid junction with reversal of recto-sigmoid ratio. The most probable diagnosis is: (AIIMS Nov 2003)
a. Anal atresia
b. Malrotation of the gut
c. Hirschsprung's disease
d. Congenital megacolon

89. According to Hagitt's classification, a polyp invading neck in between head and stalk is level:
a. 1
b. 2
c. 3
d. 4

Ref: Sabiston 19/e p1343; Shackelford 7/e p2030-2032

90. All are predisposing factor for colorectal carcinoma except: (AIIMS GIS 2003)
a. Turcot's syndrome
b. Muir-Torre syndrome
c. Cowden's syndrome
d. Juvenile polyposis coli

Ref: Sabiston 19/e p1346-1347; Schwartz 9/e p1043; Bailey 25/e p631; Shackelford 7/e p2047

91. Intestinal polyps that can potentially grow into cancer: (DNB 2005, 2001, MHPGMCET 2007)
a. Adenomatous polyp
b. Hyperplastic polyp
c. Juvenile polyp
d. Hamartomatous polyp

Ref: Sabiston 19/e p1342; Schwartz 9/e p1042-1043; Bailey 26/e p1161-1164, 25/e p1177-1178; Shackelford 7/e p2030-2032

92. Cowden's disease is characterized by the following except:
a. Fibrocystic disease of breast and breast cancer
b. Facial trichilemmomas (MHPGMCET 2007)
c. Potentially malignant intestinal polyps
d. Acral keratosis

Ref: Sabiston 19/e p1346-1347; Schwartz 9/e p1043; Bailey 26/e p129, 25/e p631; Shackelford 7/e p2047

93. Not associated with GI malignancy: (GB Pant 2011)
a. Cowden's syndrome
b. Peutz-Jegher's syndrome
c. Juvenile polyposis
d. Gardner's syndrome

95. All are true about risk factor for malignancy in polyp except: (GB Pant 2011)
a. Pedunculated polyp
b. >2 cm
c. Villous polyp
d. Cellular atypia

95. Carcinoma of the colon develops in all patients with: (ComedK 2005)
a. Juvenile polyposis
b. Hamartomatous polyps
c. Inflammatory polyps
d. Familial adenomatous polyposis

96. Diagnosis of colonic polyps is best done radiologically using: (ComedK 2010)
a. Barium meal series
b. Double-contrast barium enema
c. Instant enema
d. Water-soluble contrast enema

Ref: Harrison 18/e p770-771; Bailey 26/e p1162, 25/e p1181

97. Which polyp has maximum malignant potential: (AIIMS June 93)
a. Sessile
b. Penduncluated
c. Superficial spreading
d. Any of the above

98. Incidence of malignancy is maximum in: (AIIMS Feb 97)
a. Villous adenoma
b. Juvenile polyps
c. Hyperplastic polyps
d. Tubular adenoma

99. All the following statements regarding malignant potential of colorectal polyps are true except: (AIIMS Nov 2002)
a. Polyps of the familial polyposis coli could invariably undergo malignant change
b. Pseudopolyps of ulcerative colitis has high risk of malignancy
c. Villous adenoma is associated with high risk of malignancy
d. Juvenile polyps have little or no risk

100. True about neoplastic colorectal polyps: (PGI June 2003)
a. Sessile polyps >1 cm is malignant
b. MC site is colon and rectum
c. Adenomatous polyp is premalignant
d. Tubular adenoma is malignant
e. Pseudpolyps are premalignant

101. Which of the following polyps is not pre-malignant: (PGI June 2003)
a. Juvenile polyposis syndrome
b. Peutz-Jegher's syndrome
c. Ulcerative colitis
d. Familial polyposis coli
e. Cronkite Canada syndrome

Ref: Schwartz 9/e p1043; Shackelford 7/e p2047

102. Following are premalignant except: (PGI June 2002)
a. Tubulovillous adenoma
b. Hyperplastic polyp
c. Familial adenomatosis
d. Villous adenoma

103. Which of the following colonic polyps is not premalignant: (All India 2006, AIIMS Nov 2006)
a. Juvenile polyps

Ans.	**86.**	a. Large bulky stools	**87.**	b. Excision of aganglionic…	**88.**	c. Hirschsprung's disease	**89.**	b. 2
	90.	c. Cowden's syndrome	**91.**	a. Adenomatous polyp	**92.**	c. Potentially malignant…	**93.**	a. Cowden's syndrome
	94.	a. Pedunculated polyp	**95.**	d. Familial adenomatous…	**96.**	b. Double contrast…	**97.**	a. Sessile
	98.	a. Villous adenoma	**99.**	b. Pseudopolyps of…	**100.**	a, b, and c.	**101.**	a, b, c, and e.
	102.	b. Hyperplastic polyp	**103.**	a. Juvenile polyps				

b. Hamartomatous polyps associated with Peutz-Jegher's syndrome
c. Villous adenoma
d. Tubular adenomas

104. All the following polyps are premalignant except: (All India 2007)
a. Juvenile polyposis syndrome
b. Familial polyposis syndrome
c. Juvenile polyp
d. Peutz-Jegher's syndrome

105. In children MC type of polyp is: (PGI Dec 2008)
a. Juvenile polyp
b. Solitary polyp
c. Familial polyposis
d. Multiple adenomatous polyp

106. Metabolic abnormality seen in large colorectal villous adenoma: (AIIMS May 2008)
a. Hypokalemic metabolic alkalosis
b. Hypokalemic metabolic acidosis
c. Chlorine sensitive metabolic acidosis
d. Chlorine resistant metabolic alkalosis

Ref: Harrison 18/e p313, 352; 17/e p250

107. Lalita, a female patient presents with pigmenta-tion of the lips and oral mucosa and intestinal polyps. Her sister also gives the same history. Most probable diagnosis is: (DNB 2011, AIIMS June 2001, All India 2000)
a. Carcinoid tumor
b. Melanoma
c. Villous adenoma
d. Peutz-Jegher's syndrome

Ref: Sabiston 19/e p1345; Schwartz 9/e p1043; Bailey 26/e p1159, 25/e p1175-1176; Shackelford 7/e p2045-2046

108. Strong correlation with colorectal cancer is seen in: (All India 2003)
a. Peutz-Jegher's polyp
b. Familial polyposis coli
c. Juvenile polyposis
d. Hyperplastic polyp

109. Prophylactic polypectomy is done is: (JIPMER 2000)
a. Peutz-Jegher's syndrome
b. Gardner's syndrome
c. Familial polyposis
d. None of the above

110. On colonoscopy which of the following is highly malignant: (JIPMER 2001)
a. Single pedunculated polyp
b. Multiple flat polyps about hundreds
c. Multiple pedunculated polyp
d. Solitary flat polyp

Ref: Sabiston 19/e p1346-1347; Shackelford 7/e p2047

111. Lynch syndrome is also known as: (KGMC 2011)
a. FAP
b. PJS
c. HNPCC
d. Cowden's syndrome

Ref: Sabiston 19/e p1349-1350; Schwartz 9/e p1044; Bailey 26/e p1162-1164, 25/e p1178-1179; Shackelford 7/e p1753-1754

112. Multiple cutaneous sebaceous adenomas are seen in: (All India 2011)
a. Gardner's syndrome
b. Turcot's syndrome
c. Muir-Torre syndrome
d. Cowden syndrome

113. Patient with proximal CA colon with endometrial and ovarian carcinoma has: (AIIMS GIS Dec 2006)
a. Lynch syndrome
b. Gardener's syndrome
c. Cowden's disease
d. Cronkhite-Canada syndrome

114. Amsterdam criteria includes all except:
a. At least three relatives should be affected
b. All the three should be first degree relative
c. Two successive generations affected
d. FAP excluded (AIIMS GIS Dec 2009)

Ref: Sabiston 19/e p1349; Schwartz 9/e p1044; Shackelford 7/e p2041-2042

115. Most common extra-intestinal malignancy in HNPCC: (AIIMS GIS May 2011)
a. Pancreatic carcinoma
b. CA stomach
c. Small bowel carcinoma
d. Transitional cell carcinoma

Ref: Sabiston 19/e p1350; Schwartz 9/e p1044; Shackelford 7/e p2043

116. Most common mismatch repair gene mutation in HNPCC: (GB Pant 2011)
a. MSH-2 and hMLH-1
b. PMS-1
c. MSH-6
d. PMS-2

117. Microsatellite instability is most common in: (PGI SS June 2005)
a. FAP
b. HNPCC
c. Sporadic colonic carcinoma
d. Juvenile polyposis

118. Most common site of colonic carcinoma: (GB Pant 2010, UPPG 2009)
a. Sigmoid
b. Transverse
c. Descending
d. Ascending

Ref: Bailey 26/e p1163, 25/e p1179

119. Constricting type of colonic carcinoma is seen in: (MHPGMCET 2001)
a. Left colon
b. Right colon
c. Transverse colon
d. Caecum

Ref: Sabiston 19/e p1350-1353; Bailey 25/e p1179-1184; Shackelford 7/e p2051-2058

120. Most common site of carcinoma colon: (MHPGMCET 2008)
a. Cecum
b. Transverse colon
c. Right colon
d. Left colon

121. Patient having diarrhea and colic on and of with mass in right iliac fossa. Most probable diagnosis is: (DNB 2009)
a. Carcinoma rectum
b. Carcinoma cecum

Ans. **104.** c. Juvenile polyp **105.** b. Solitary polyp **106.** b. Hypokalemic… **107.** d. Peutz-Jegher's syndrome
108. b. Familial… **109.** d. None of the above **110.** b. Multiple flat polyps… **111.** c. HNPCC
112. c. Muir-Torre… **113.** a. Lynch syndrome **114.** b. All the three should… **115.** b CA stomach
116. a. MSH-2 and… **117.** b. HNPCC **118.** a. Sigmoid **119.** b. Left colon
120. b. Carcinoma cecum **121.** b. Rectosigmoid colon

c. Carcinoma sigmoid
d. Carcinoma transverse colon

122. Carcinoma of right colon presents as: (PGI Dec 2006, June 2002)
a. Anemia
b. Mass in RIF
c. Bleeding PR
d. Alternate constipation and diarrhea
e. Presents with obstruction

123. True about left sided colon carcinoma: (PGI June 2001)
a. Anemia
b. Obstruction
c. Melena
d. Feculant vomiting
e. Sigmoid spared

124. Features of left side carcinoma colon are: (PGI June 2006)
a. Anemia
b. Obstruction
c. Altered bowel habit
d. Melena
e. Feculent vomiting

125. Carcinoma right colon is most commonly of which type: (AIIMS Nov 94, UPPG 2008)
a. Stenosing
b. Ulcerative
c. Tubular
d. Fungating

126. True regarding carcinoma colon is: (AIIMS Nov 2000)
a. Lesion on left side of the colon presents with features of anemia
b. Mucinous carcinoma has a good prognosis
c. Duke's A stage should receive adjuvant chemotherapy
d. Solitary liver metastasis is not a contraindication for surgery

Ref: Sabiston 19/e p1459-1464; Schwartz 9/e p1123; Bailey 26/e p1084-1085, 1168, 25/e p1098-1099; Blumgart 5th/1290-1305; Shackelford 7/e p1585-1589

127. True about virtual colonscopy: (PGI June 2009)
a. Have better image than conventional colonoscopy
b. VC is performed by CT and MRI
c. Take more time than conventional colonscopy
d. Easy to take tissue sample
e. Helpful in pathology outside colon

Ref: Harrison 18/e p771, 2422

128. Colonic disease can be diagnosed by all except: (PGI May 2010)
a. Virtual colonoscopy
b. Ba enema
c. Ba swallow
d. Ba follow through
e. Enteroclysis

129. Colonic metastases are related with: (AIIMS GIS Dec 2010, 2011)
a. Pre-op CEA level
b. Depth of invasion
c. Size of tumor
d. Circumferential involvement

Ref: Schwartz 9/e p1046; Shackelford 7/e p2133

130. Which of the following is true about colon carcinoma: (PGI SS Dec 2009)
a. Inherited in 30% cases
b. Synchronous lesion is seen in 1% cases
c. Metachronous lesion is seen in upto 12% cases
d. Carcinoma is inevitable in untreated cases of FAP

131. What is an acceptable screening technique for detecting recurrent colon cancer: (ComedK 2004)
a. Screening sigmoidoscopy
b. Screening the stool for occult blood
c. Stool cytology
d. Measurement of CEA levels

132. Most important prognostic factor for colorectal carcinoma is: (AIIMS May 2011)
a. Site of lesion
b. Tumour size and characteristics
c. Age of patient
d. Lymph node status

Ref: Schwartz 9/e p1046; Shackelford 7/e p2133-2134

133. Most important prognostic factor for colorectal carcinoma is: (All India 2009)
a. Site of lesion
b. Stage of lesion
c. Age of patient
d. Lymph node status

134. True about carcinoma colon: (PGI Dec 2002)
a. 1/3rd of cases show liver metastasis
b. Obstruction common in sigmoid colon
c. CEA is useful for prognostic importance
d. King's staging is done
e. Alteration of bowel habit is common in CA left colon

Ref: Schwartz 9/e p1048; Harrison 18/e p773

135. True regarding cancer colon: (PGI Dec 2000)
a. Obstructive features are more common with right colon
b. 40% cases at presentation show liver metastasis
c. Resection possible in 25% cases
d. More common in AIDS patients *Ref: CSDT 11th/723*

136. The tendency of colonic carcinoma to metastasize is best assessed by (AIIMS Nov 2003)
a. Size of tumor
b. Carcinoembryonic antigen (CEA) levels
c. Depth of penetration of bowel wall
d. Proportion of bowel circumference involved

137. Which of the following is true about colon carcinoma: (PGI Dec 2005)
a. Right sided colon carcinoma associated with young individuals
b. Most common site is sigmoid colon
c. Right sided colon carcinoma present as chronic anemia
d. Not resectable in case of metastasis
e. Right sided colon has better prognosis than left sided colon

Ref: Robbins 8/e p863

138. The incidence of carcinoma of the caecum in relation to colonic adenocarcinoma is:
a. 2%
b. 4.5%

Ans.
122. a. Anemia, b. Mass…
123. b. Obstruction…
124. b. and c. …
125. d. Fungating
126. d. Solitary liver…
127. a, b, and e.
128. c, d, and e.
129. b. Depth of invasion
130. d. Carcinoma is…
131. a. Screening sigmoidoscopy
132. d. Lymph node status
133. b. Stage of lesion
134. a, b, c, and e.
135. d. More common in AIDS…
136. c. Depth of penetration…
137. b, c and e.
138. None

c. 20%
d. 44%
e. 62%

139. Which of the following is the investigation of choice for diagnosing carcinoma colon: (MCI Sept 2005)
a. X-ray abdomen
b. CT scan
c. Colonoscopy
d. Barium enema

140. Tenesmus occurs in lesions of: (TN 2000)
a. Ileum
b. Right side of colon
c. Descending colon
d. Sigmoid colon

141. The area of the colon which is least visualized by barium studies: (AIIMS 2004)
a. Sigmoid
b. Hepatic flexure
c. Splenic flexure
d. Caecum

142. The commonest site of perforation during colonoscopy is:
a. Caecum (UPSC 2000)
b. Hepatic flexure
c. Splenic flexure
d. Sigmoid colon

Ref: Shackelford 7/e p1747-1748; Harrison 18/e p2409

143. Thumb printing appearance of colon on barium enema is seen in: (ComedK 2004)
a. Diverticulitis
b. Ischemic colitis
c. Ulcerative colitis
d. Carcinoma colon

Ref: Sabiston 19/e p1335-1337; Schwartz 9/e p1057; Bailey 26/e p1174, 25/e p1203; Shackelford 7/e p1866-1877

144. Are true about ischemic colitis except: (JIPMER GIS 2011)
a. IMA is commonly occluded in cases needing aortic surgeries
b. Ischemia is more common in small bowel as compared to large bowel
c. Most common site of post ischemic stricture is sigmoid
d. Transection of IMA doesn't need reimplantation if aortic surgery is attempted

Ref: Sabiston 19/e p1335, 1705

145. Most common site of post ischemic stricture is:
a. Ascending colon (JIPMER GIS 2011, GB Pant 2011, MHSSMCET 2010)
b. Hepatic flexure
c. Splenic flexure
d. Sigmoid colon

146. Commonest site for ischemic colitis is:
a. Hepatic flexure (AIIMS 2007)
b. Splenic flexure
c. Descending colon
d. Ascending colon

147. A 60-year-old man presents with acute onset of pain in lower abdomen followed by repeated rectal bleeding. Examination revealed pulse rate of 100/minute, BP 160/96 mm of Hg and a localized tenderness in the left hypochondrium. Stools examination reveals only a few pus cells and sigmoidoscopy was normal. Which one of the following is the most likely diagnosis: (UPSC 2006)
a. Idiopathic ulcerative colitis
b. Bacillary dysentery
c. Ischemic colitis
d. Amoebic colitis

148. Thumb print sign is seen in: (DPG 2008)
a. Carcinoma colon
b. Ureterocele
c. Ischemic colitis
d. Crohn's disease

149. Psuedomembranous colitis is associated with:
a. Campylobacter (ComedK 2005)
b. Clostridium difficile
c. Clostridium retgari
d. Salmonella typhi

Ref: Sabiston 19/e p1334-1335; Schwartz 9/e p1057; Bailey 26/e p1159, 25/e p1165

150. Which among the following is the drug of choice for clostridium difficile-induced colitis: (ComedK 2009)
a. Gentamicin
b. Ciprofloxacin
c. Metronidazole
d. Linezolid

151. Drug of choice for Cl. difficile: (MHSSMCET 2009)
a. Metronidazole
b. Clindamycin
c. Ciprofloxacin
d. Cephalosporin

152. Pseudomembranous colitis is caused by: (PGI 2003)
a. Cl. perfringens
b. Cl. difficile
c. Cl. oedematicus
d. Cl. Septicum

153. A patient on antibiotics for treatment for peritonitis presents with mucus diarrhea. Most probable cause could be:
a. Ulcerative colitis (MCI Sept 2009)
b. Activation of latent tuberculosis
c. Antibiotic associated diarrhea
d. Gastritis

154. Heyde's syndrome is: (COMEDK 2010)
a. Mitral stenosis, arthritis and biliary cirrhosis
b. Mitral regurgitation, hiatus hernia and cirrhosis

Ans.				
	139. c. Colonoscopy	**140.** d. Sigmoid colon	**141.** a. Sigmoid	**142.** d. Sigmoid colon
	143. b. Ischemic colitis	**144.** d. Transection of IMA…	**145.** d. Sigmoid colon	**146.** b. Splenic flexure
	147. c. Ischemic colitis	**148.** c. Ischemic colitis	**149.** b. Clostridium difficile	**150.** c. Metronidazole
	151. a. Metronidazole	**152.** b. Cl. difficile	**153.** c. Antibiotic associated…	**154.** c. Aortic stenosis,…

c. Aortic stenosis, gastrointestinal bleeding and angiodysplasia of colon
d. Pulmonary arterial hypertension, tricuspid regurgitation and cirrhosis

Ref: Harrison 18/e p972; Bailey 26/e p1174, 25/e p1157

155. The commonest cause of significant lower gastrointestinal bleed in a middle aged person with unknown reason is: (DPG 2009 March)
a. Sigmoid diverticula
b. Angiodysplasia
c. Ischemic colitis
d. Ulcerative colitis

156. Most common site of angio dysplasia is: (DNB 2007)
a. Sigmoid colon
b. Transverse colon
c. Ascending colon
d. Descending colon

157. All of the following are cause of blood in stools in children except: (AIIMS 2005)
a. Meckel's diverticulum
b. Carcinoma
c. Intussusception
d. Juvenile polyp

158. The commonest cause of significantly lower gastrointestinal bleed in a middle aged person without any known precipitating factor may be due to: (MCI March 2008, Sept 2010)
a. Ulcerative colitis
b. Ischemic colitis
c. Angiodysplasia
d. Diverticulum of sigmoid colon

159. Massive bleeding per rectum in a 70 years old patient is due to: (DNB 2005, 2000, All India 2000)
a. Diverticulosis
b. Carcinoma colon
c. Colitis
d. Polyps

160. Guaiac test is used for: (PGI 2002)
a. Pentosuria
b. Fructosuria
c. For occult blood in stool
d. Pancreatitis

Ref: Harrison 18/e p662, 671

161. Full bowel preparation is avoided in all, except: (AIIMS June 2004)
a. Carcinoma colon
b. Hirschsprung's disease
c. Ulcerative colitis
d. Irritable bowel syndrome

Ref: Sabiston 19/e p1308-1309; Schwartz 9/e p1033; Shackelford 7/e p2308-2310

162. Complete bowel preparation is done in a case of (AIIMS Nov 2009)
a. Colonic carcinoma
b. Hirschsprung's disease
c. Irritable bowel disease
d. Ulcerative colitis

163. Agent not used for bowel preparation: (AIIMS GIS May 2011)
a. Metronidazole
b. Polymyxin
c. Erythromycin
d. Neomycin

164. First investigation to be done in a patient with recurrent fecal occult blood loss: (MHSSMCET 2006)
a. Esophagogastroscopy
b. Colonoscopy
c. Barium enema
d. Close Observation

Ref: Sabiston 19/e p1173

165. Most common cause of heavy bleeding in 70 years old male: (KGMC 2011)
a. Colorectal carcinoma
b. Colonic diverticulosis
c. Polyp
d. Angiodysplasia

Ref: Sabiston 19/e p1173

166. False about vascular ectasia: (AIIMS GIS 2003)
a. Associated with cutaneous lesions
b. The bleed is usually small and recurrent and never massive
c. The treatment may involve subtotal colectomy in some cases
d. Associated with aortic stenosis

Ref: Sabiston 19/e p1175; Shackelford 7/e p1856-1863; Bailey 26/e p1174, 25/e p1156-1157

167. Most common cause of lower GI bleed in India is: (AIIMS Nov 2004)
a. Benign tumour
b. Non specific ulcer
c. Cancer rectosigmoid
d. Hemorrhoids

Ref: API Medicine 6/e p509, 511

168. Painless lower GI bleed is seen in child with: (PGI Dec 2000)
a. Meckel's diverticulum
b. Rectal polyp
c. Anal fissure
d. Acute Appendicitis

169. A patient presents with lower gastrointestinal bleed. Sigmoidoscopy shows ulcers in the sigmoid. Biopsy from this area shows flask-shaped ulcers. Which of the following is the most appropriate treatment: (AIIMS Nov 2005)
a. Intravenous ceftriaxone
b. Intravenous metronidazole
c. Intravenous steroids sulphasalazine
d. Hydrocortisone enemas

Ref: Harrison 18/e p1686; Bailey 26/e p1157, 25/e p1173

170. Following is least common about angiodysplasia of colon: (All India 2006)
a. Involvement of cecum
b. Involvement of rectum in 50% of cases
c. Affecting age group >40 years
d. Cause of troublesome lower G.I. haemorrhage

171. The most useful investigation for profuse lower gastrointestinal bleeding is: (UPSC 2005)
a. Proctosigmoidoscopy
b. Colonoscopy
c. Double contrast barium enema
d. Selective arteriography

172. Most common cause of lower gastro intestinal bleeding is: (UPPG 2007)
a. Diverticulosis
b. Colorectal carcinoma
c. Angiodysplasia
d. Anal fissure

Ans.

155.	a. Sigmoid diverticula	**156.**	c. Ascending colon	**157.**	None > B (Carcinoma	**158.**	d. Diverticulum of sigmoid colon
159.	a. Diverticulosis	**160.**	c. For occult blood in stool	**161.**	a. Carcinoma colon	**162.**	a. Colonic carcinoma
163.	b. Polymyxin	**164.**	b. Colonoscopy	**165.**	b. Colonic diverticulosis	**166.**	a. Associated with cutaneous…
167.	d. Hemorrhoids	**168.**	a. and b.	**169.**	b. Intravenous…	**170.**	b. Involvement of rectum in…
171.	b. Colonoscopy	**172.**	a. Diverticulosis				

G. ILEOSTOMY AND COLOSTOMY

1. Which of the following in a not a recognized complication of colostomy: (MHSSMCET 2011)
a. Prolapse
b. Necrosis
c. Stenosis
d. Constipation

2. Early postoperative complication of ileostomy:
a. Obstruction (AIIMS May 2012)
b. Prolapse
c. Diarrhea
d. Necrosis

3. The following regarding colostomy are true except:
a. A colostomy is an artificial opening made in large bowel to divert the faeces to the exterior (Kerala 2000)
b. Temporary colostomy is established to defunction and anastomosis
c. Permanent colostomy is formed after the resection of rectum by the abdominoperineal technique
d. Double barreled colostomy is commonly done now a days
e. Colostomy hernia is common complication

Ref: Bailey 26/e p1176, 25/e p1186

4. Parastomal hernia is most frequently seen with:
a. End colostomy (All India 2009)
b. Loop colostomy
c. End ileostomy
d. Loop ileostomy

5. Early complications of ileostomy are all except:
a. High output (GB Pant 2011)
b. Ischemic necrosis
c. Retraction
d. Stenosis

6. Most common complication of end colostomy:
a. Parastomal hernia (JIPMER 2011)
b. Prolapse
c. Perforation
d. Bleeding

Ref: Sabiston 19/e p1362-1365; Schwartz 9/e p1029-1032; Bailey 26/e p1175-1176, 25/e p1185-1187; Shackelford 7/e p2248-2260; Maingot 11/e p141-148

7. Known complication of stoma (e.g., Colostomy stoma):
a. Prolapse (MHPGMCET 2009)
b. Stenosis
c. Retraction
d. All of the above

Ref: Sabiston 19/e p312-313, 1362-1365; Schwartz 9/e p1032; Bailey 26/e p1175-1176, 25/e p1187; Shackelford 7/e p2256-2260; Maingot 11/e p153-154

8. Continent ileostomy is done in all the following except:
a. Ulcerative colitis with poor anal tone
b. Crohn's Disease *(MHSSMCET 2005)*
c. Redo Hirschsprung's disease
d. All

Ref: Sabiston 19/e p312-313, 1362-1365; Schwartz 9/e p1029-1032; Bailey 26/e p1174-1176, 25/e p1185-1187; Shackelford 7/e p2249-2255; Maingot 11/e p154-166

9. Mercedes procedure is used in: (MHSSMCET 2008)
a. Discrepancy in size of ileum and stoma
b. Ileostomy stenosis
c. Ileostomy prolapse
d. Ileostomy leak

10. Early postoperative complication of ileostomy:
a. Obstruction (AIIMS Nov 2006)
b. Prolapse
c. Diarrhea
d. Necrosis

Ref: Sabiston 19/e p312-313; Schwartz 9/e p1031; Bailey 26/e p1176, 25/e p1187; Shackelford 7/e p2256-2260; Maingot 11/e p164-165

11. Guyrope's technique is related to: (MHSSMCET 2009)
a. Ileal resection and anastomosis
b. Ileostomy
c. Colostomy
d. All of the above

Ref: www.ncbi.nlm.nih.gov/pubmed/2658641

Ans.				
	1. d. Constipation	**2.** d. Necrosis	**3.** d. Double barreled…	**4.** b. Loop colostomy
	5. d. Stenosis	**6.** a. Parastomal hernia	**7.** d. All of the above	**8.** b. Crohn's Disease
	9. a. Discrepancy…	**10.** d. Necrosis	**11.** b. Ileostomy	

H. INFLAMMATORY BOWEL DISEASE

1. Toxic megacolon is seen in: (COMEDK 2009)
- a. Carcinoma colon
- b. Gastrocolic fistula
- c. Ulcerative colitis
- d. Amoebic colitis

Ref: Sabiston 19/e p1324-1325; Schwartz 9/e p1034; Bailey 26/e p1146, 25/e p1164; Shackelford 7/e p1965-1966

2. Treatment of choice in toxic megacolon:
- a. Total colectomy (MHSSMCET 2005)
- b. Segmental resection
- c. Colostomy
- d. Clindamycin, Metronidazole, Steroids.

3. All of the following causes megacolon except:
- a. Parkinson's disease (JIPMER GIS 2011)
- b. Hirschprung's disease
- c. Byler's syndrome
- d. Ulcerative colitis

Ref: Bailey 26/e p1177-1178, 25/e p1155-1156; en.wikipedia.org/wiki/Megacolon

4. In which of the following conditions acquired. secondary megacolon is seen:
- a. Fissure in-ano
- b. Complete absence of parasympathetic ganglion cells
- c. Absence of sympathetic ganglion cells
- d. Rectal malignancy

5. All of the following are known complications of ulcerative colitis except: (PGI June 2005)
- a. Stricture
- b. Perforation
- c. Toxic megacolon
- d. Carcinoma

Ref: Sabiston 19/e p1321; Schwartz 9/e p1034; Bailey 26/e p1145, 25/e p1163; Shackelford 7/e p1962

6. Toxic megacolon is a known complication of:
- a. Pseudomembranous colitis (AIIMS Nov 2004)
- b. Ulcerative colitis
- c. Amebic colitis
- d. Hirschprung's disease

7. Toxic megacolon is seen in: (AIIMS 2007)
- a. Carcinoma colon
- b. Gastrocolic fistula
- c. Ulcerative colitis
- d. Carcinoid
- e. All of the above

8. Most common cause of death in Crohn's disease is due to:
- a. Sepsis (AIIMS May 2009)
- b. Thromboembolic complication
- c. Electrolyte disturbance
- d. Malignancy *Ref: Sabiston 19/e p1254*

9. Incidence of pouchitis in patients treated for ulcerative colitis with IPAA is: (JIPMER GIS 2011)
- a. 7-33%
- b. 7-15%
- c. 18-56%
- d. 6-8%

Ref: Sabiston 19/e p1329; Schwartz 9/e p1032; Shackelford 7/e p1995-1997

10. All are true about pouchitis except: (JIPMER GIS 2011)
- a. Probiotics have shown promising response
- b. Cause may be related to mucosal ischemia
- c. Most commonly seen in ulcerative colitis surgeries
- d. Episodes of pouchitis will not respond to antibiotics

11. Most common complication of UC with IPAA:
- a. Small bowel obstruction (AIIMS GIS Dec 2010)
- b. Pouchitis
- c. Pelvic sepsis
- d. Leak

12. Most common postoperative complication of IPAA in ulcerative colitis is: (AIIMS Nov 2011)
- a. Pouchitis
- b. Pelvic abscess
- c. Small bowel obstruction
- d. Perianal complications

13. A patient of Crohn's disease underwent resection anastomosis. Now present on 7th post-op day with anastomotic leak from a fistula. Every day leakage volume adds upto 150-200 ml. There is no intra-abdominal collection and the patient is stable without any complaints. What will be next line of manage-ment: (AIIMS May 2012)
- a. Conservative treatment and leave him and hope for the spontaneous resolution
- b. Perform laparotomy and check for leakage site and healthy margins
- c. Perform laparotomy and completely exteriorize the fistula
- d. Perform laparotomy and place drain and leave

Ref: Sabiston 19/e p1270-1272; Schwartz 9/e p997-998; Bailey 26/e p1179-1180, 25/e p1184-1185; Shackelford 7/e p944-946

14. Treatment of choice in case of chronic ulcerative colitis is:
- a. Colectomy with ileostomy (AIIMS June 2005)
- b. Colectomy + manual proctectomy + ileoanal pouch anastomosis
- c. Proctocolectomy with ileoanal anastomosis
- d. Ileorectal anastomosis

Ref: Sabiston 19/e p1324-1329; Schwartz 9/e p1035-1036; Bailey 26/e p1146-1151, 25/e p1167-1173; Shackelford 7/e p1974

15. Surgical treatment of Ulcerative colitis: (PGI June 2005)
- a. Done in late cases only
- b. Done in cases where medical treatment fails
- c. Pouch surgery done
- d. Restorative proctocolectomy done in emergency cases

Ans.

1. c. Ulcerative colitis	**2.** a. Total colectomy	**3.** c. Byler's syndrome	**4.** d. Rectal malignancy
5. a. Stricture	**6.** b. Ulcerative colitis	**7.** c. Ulcerative colitis	**8.** d. Malignancy
9. a. 7-33%	**10.** d. Episodes of…	**11.** b. Pouchitis	**12.** a. Pouchitis
13. a. Conservative…	**14.** c. Proctocolectomy…	**15.** b. and c	

16. Surgical indications in inflammatory bowel diseases are all except: (PGI June 2006)
a. Obstruction
b. Perianal complication
c. Extraintestinal complication
d. Stricture
e. Malignancy *Ref: Harrison 18/e p2493*

17. True statements about inflammatory bowel disease (IBD
a. Surgery is the 1st management (PGI June 2003)
b. Pouch operation is done for fulminant ulcerative colitis
c. 2% case of Crohn's disease undergo malignant changes
d. Ulcerative colitis don't undergo malignant changes
Ref: Sabiston 19/e p1326-1329; Schwartz 9/e p1036; Bailey 26/e p1150-1151, Shackelford 7/e p1982

18. Which sulphonamide is used for the treatment of ulcerative colitis: (All India 2008)
a. Sulphamethiazole
b. Sulphathalazole
c. Sulphaguanidine
d. Salazopyrin
Ref: Sabiston 19/e p1249-1250, 1324-1325; Schwartz 9/e p1034-1035; Bailey 26/e p1148,25/e p1166, 1172; Shackelford 7/e p1969-1973

19. Sulfasalazine exerts its primary action in ulcerative colitis by inhibition of: (COMEDK 2004)
a. Folic acid synthesis
b. Formation of prostaglandins (PG)
c. Phospholipase C
d. Formation of interleukins
Ref: Harrison 18/e p2489; Shackelford 7/e p1970

20. Procedure of choice in ulcerative colitis with acute perforation is:
a. Defunctioning ileostomy (AIIMS 2009)
b. Closure of perforation
c. Proximal diversion colostomy
d. Total colectomy and ileostomy

21. Sulfonamide useful in treating ulcerative colitis is:
a. Sulfadiazine (All India 2001)
b. Sulfasalazine
c. Sulfamethoxazole
d. Sulfadimidine

22. Best treatment for remission of acute ulcerative colitis is:
a. Sulphasalazine (AIIMS 2007)
b. Prednisolone
c. Aminosalicyclic acid
d. NSAIDS

23. Indication of emergency surgery in ulcerative colitis is/are:
a. Toxic megacolon (PGI Nov 2011)
b. Massive colonic hemorrhage
c. Extraintestinal manifestation
d. Colonic perforation
e. Colonic dysplasia

24. After subtotal colectomy for toxic megacolon in CD, lowest recurrence is with: (AIIMS GIS 2003)
a. Complete proctectomy with Brooke ileostomy
b. Ileorectal anastomosis
c. Koch's pouch
d. IPAA

25. Treatment of choice in ulcerative colitis: (GB PANT 2011)
a. Total proctocolectomy with IPAA
b. Total colectomy with IRA
c. Total colectomy with ileostomy
d. Total proctocolectomy with ileostomy

26. Not an indication for surgery in ulcerative colitis:
a. Presence of dysplasia on colonic biopsy
b. Pancolitis (PGI SS Dec 2009)
c. Toxic megacolon
d. Failure of response to medical therapy of acute colitis

27. In ulcerative colitis, after colectomy least likely to resolve is:
a. Ankylosing spondylitis (AIIMS GIS 2003)
b. PSC
c. Pyoderma gangrenosum
d. Erythema nodosum
Ref: Sabiston 19/e p1322; Schwartz 9/e p1034; Bailey 25/e p1166; Shackelford 7/e p1962

28. Non-correctable lesion after colectomy for UC:
a. Skin lesions (AIIMS GIS May 2008)
b. Arthritis
c. PSC
d. Iritis

29. Pyoderma-gangrenosum is most commonly associated with:
a. Ulcerative colitis (All India 2007)
b. Crohn's disease
c. Amoebic colitis
d. Ischemic colitis

30. All are true associations of ulcerative colitis except:
a. Erythema nodosum (PGI Dec 2009)
b. Circinate balanitis
c. Sclerosing cholangitis
d. Aphthous stomatitis

31. All of the following extraintestinal manifestations of ulcerative colitis respond to colectomy except:
a. Primary sclerosing cholangitis
b. Pyoderma gangrenosum
c. Episcleritis
d. Peripheral arthralgia

32. The following are complications of ulcerative colitis except:
a. Peptic ulceration
b. Arthritis (All India 2000)
c. Sclerosing cholangitis
d. Toxic megacolon

33. Type of renal stone formed in a patient with regional enteritis: (JIPMER 2011)
a. Calcium oxalate
b. Cysteine
c. Struvite
d. Urate

Ans.
16. c. Extraintestinal… **17.** c. 2% case of Crohn's… **18.** d. Salazopyrin **19.** b. Formation of…
20. d. Total colectomy… **21.** b. Sulfasalazine **22.** b. Prednisolone **23.** a, b, and d.
24. b. Complete… **25.** a. Total proctocolectomy… **26.** b. Pancolitis **27.** b. PSC.
28. c. PSC **29.** a. Ulcerative colitis **30.** b. Circinate balanitis **31.** a. Primary sclerosing…
32. a. Peptic ulceration **33.** a. Calcium oxalate

34. Most common stones in ulcerative colitis: (DPG 2007)
a. Oxalate
b. Cysteine
c. Uric acid
d. Phosphate *Ref: Harrison 18/e p2488*

35. Crohn's disease can be seen in: (COMEDK 2007)
a. Jejunum only
b. Colon only
c. Terminal ileum and right side
d. Mouth to anus

Sabiston Ref: 19/e p1244-1254; Schwartz 9/e p993-997; Bailey 26/e p1151-1156, 25/e p1169-1173; Shackelford 7/e p1966-1969

36. Cobble stone appearance is seen in: (COMEDK 2008, 2007)
a. Ulcerative colitis
b. Crohn's disease
c. Appendicitis
d. Carcinoma rectum

37. String sign of Kantor seen in: (APPG 2008)
a. Crohn's disease
b. Ulcerative colitis
c. Both
d. None

38. Which of the following statements about Crohn's disease is incorrect: (DPG 2009 March)
a. Granuloma present frequently
b. It is separate and distinct form ulcerative colitis
c. Cigarette smoking is a risk factor
d. Rectum spared in 50% patients with large bowel involvement

39. Which of the following is not associated with Crohn's disease: (MCI March 2005)
a. Fistula
b. Stricture
c. Sclerosing cholangitis
d. Granuloma

Ref: 19/e p1247; Schwartz 9/e p995; Bailey 26/e p1156, 25/e p1166; Shackelford 7/e p1968

40. True statement regarding anorectal Crohn's disease:
a. Ulceration, fistula is common
b. Fistulas are painless and indurated
c. Non-cutting setons are used in management
d. All of the above

Ref: Sabiston 19/e p1399-1400; Schwartz 9/e p1038; Bailey 25/e p1153, 25/e p1170-1171; Shackelford 7/e p1968

41. Ulcerative colitis starts from: (GB PANT 2011)
a. Rectum
b. Sigmoid colon
c. Ascending colon
d. Any part

42. Crohn's disease is best diagnosed by (GB PANT 2011)
a. Upper GI series
b. Enteroclysis
c. Capsule endoscopy
d. CECT

43. Characteristic of Crohn's disease: (GB Pant 2011)
a. Transmural involvement with skip lesions
b. Large bowel involvement
c. Pseudopolyps
d. Involvement of mucosa only

44. All are true about ulcerative colitis except:
a. Terminal ileum may be involved (PGI SS June 2007)
b. Stricture formation is present
c. Malignancy after 10 years
d. Crypt abscess is pathognomonic

Ref: Sabiston 19/e p1319-1330; Schwartz 9/e p1035-1036; Bailey 26/e p1145-1151,25/e p1163-1169; Shackelford 7/e p1961-1966

45. Skip lesions are seen in: (NEET Pattern, AIIMS May 2009)
a. Ulcerative colitis
b. Typhoid
c. Crohn's disease
d. Tuberculosis

46. A patient gives chronic history of diarrhea and blood in stool presents with multiple fistulae in the perineum and multiple stricture in small intestine. The diagnosis is:
a. In Crohn's disease (AIIMS June 2000)
b. Radiation enteritis
c. Ulcerative colitis
d. Ischemic bowel disease

47. In Crohn's disease all are seen except: (PGI Dec 2006)
a. Hyperplastic polyps
b. Diverticulosis
c. Fissuring ulcer
d. Epitheloid granuloma
e. Crypt abscess

Ref: Sabiston 19/e p1249, 1320; Schwartz 9/e p993-997, 1033- 1038; Bailey 26/e p1145-1156, 25/e p1163-1173; Shackelford 7/e p1962

48. Crohn's disease is associated with following: (DPG 2006)
a. Stomach not involved
b. No granulomatous + Transmucosal fissures
c. Continuous involvement
d. Through and through involvement of thickness of bowel wall

49. Transmural inflammation with skip lesions in colon are characteristic of: (AIIMS Nov 2004)
a. Regional ileitis (Crohn's disease)
b. Ischemic colitis
c. Ulcerative colitis
d. Non specific colitis

50. Patient with recurrent diarrhea, pseudopolyp, lead pipe appearance on barium enema has: (PGI June 2000)
a. Ulcerative colitis
b. Crohn's disease
c. Irritable bowel syndrome
d. Short bowel syndrome

51. Skip lesions with tuberculoid granulomas is characteristic of: (AIIMS 2001)
a. Hodgkin's lymphoma
b. Sarcoidosis
c. Crohn's disease
d. Ulcerative colitis

Ans.
34. a. Oxalate
35. d. Mouth to anus
36. b. Crohn's disease
37. a. Crohn's disease
38. d. Rectum spared in…
39. None:
40. d. All of the above
41. a. Rectum
42. b. Enteroclysis
43. a. Transmural involvement…
44. b. Stricture…
45. c. Crohn's disease
46. a. In Crohn's disease
47. a and b.
48. d. Through and …
49. a. Regional ileitis…
50. a. Ulcerative colitis
51. c. Crohn's disease

52. **False regarding involvement in Crohn's disease:**
a. Anorectal area (AIIMS 2004)
b. Rectum
c. Small intestine with right colon
d. Large alone without involvement of small intestine

53. **Ulcerative colitis starts in:** (DPG 2005)
a. Descending colon
b. Transverse colon
c. Caecum
d. Rectum

54. **UC can be differentiated from Crohn's disease by all except:** (DNB 2005, AIIMS GIS May 2011)
a. Pseudopolyps
b. Rectal sparing
c. Discontinuous lesions
d. Deep longitudinal ulcers

55. **Ulcerative colitis involves:** (PGI Dec 2001)
a. Serosa
b. Lamina propria
c. Mucosa
d. Circularis muscle
e. Submucosa

56. **Inflammatory bowel disease found in children:**
a. Ulcerative colitis (PGI June 2006)
b. Tropical sprue
c. Crohn's disease
d. Celiac disease
e. Cystic fibrosis

57. **In a 27-years old male, most common cause of a colovesical fistula would be:** (All India 2001)
a. Crohn's disease
b. Ulcerative colitis
c. TB
d. Cancer colon

Ref: Sabiston 19/e p1247, 1313, 1351; Smith 17/e p581

58. **Which is true of ulcerative colitis:** (AIIMS 2002)
a. String sign of Kantor positive
b. Skip lesions are seen
c. Rectum is always involved
d. Fistulas are common

59. **The commonest site of involvement in the Crohn's disease is:** (COMEDK 2005)
a. Jejunum
b. Transverse colon
c. Terminal ileum
d. Rectum

60. **The indications of colonoscopy in a patient with ulcerative colitis are all of the following except:** (COMEDK 2010)
a. Diagnosis of the extent of inflammation
b. Differentiating if from Crohn's disease
c. Diagnosis of toxic megacolon
d. Monitoring the response to treatment

Ref: Bailey 25/e p1165

61. **Crohn's disease is associated with:** (COMEDK 2011)
a. NOD2/CARD-15 gene
b. P53 suppressor gene
c. Philadelphia chromosomes
d. BRAC-1 gene

62. **Following statements regarding ulcerative colitis is true:**
a. Smoking has a protecting effect (COMEDK 2011)
b. Smoking does not have a protective effect
c. There is no relation to smoking
d. Smoking causes relapses

63. **Skip lesions are characteristic of** (JIPMER 2010)
a. Typhoid
b. Ischemic bowel disease
c. Ulcerative colitis
d. Crohn's disease

64. **Which one is commonly associated with Crohn's disease:**
a. Cologastric
b. Coloureteric
c. Colovesical
d. Coloduodenal (PGI Nov 2009)
e. Colovaginal *Ref: Sabiston 19/e p1247; Harrison 18/e p2483*

65. **All are true about Ulcerative colitis except:**
a. All layers are involved
b. Malabsorption
c. Backwash ileitis in 10-15% (PGI Nov 2009)
d. Mesalazine maintains the disease in remission
e. Rarely recurs after surgery

66. **True about Ulcerative colitis:** (PGI Dec 2006)
a. Involves colon only
b. Transmural involvement
c. Recurrent with watery diarrhea
d. Crypt abscess
e. Serosal involvement seen

67. **Which of the following is true about ulcerative colitis:** (DNB 2011, MHPGMCET 2005, 2002)
a. Premalignant condition
b. Cobblestone mucosa is characteristic
c. Almost always leads to toxic megacolon
d. Rarely affects rectum

68. **Pathognomonic of Crohn's disease:** (MHSSMCET 2009)
a. Transmural inflammation
b. Stricture of small bowel
c. Contiguous involvement
d. Lead pipe colon

69. **Risk of carcinoma in ulcerative colitis:** (GB Pant 2011)
a. 20% after 20 years
b. 20% after 30 years
c. 30% after 30 years
d. 50% after 30 years

Ref: Schwartz 9/e p1041; Bailey 26/e p1146-1147, 25/e p1165-1166; Shackelford 7/e p1964

Ans.
52. b. Rectum
53. d. Rectum
54. a. Pseudopolyps
55. c. Mucosa, e. Submucosa
56. a, and c.
57. a. Crohn's disease
58. c. Rectum is always…
59. c. Terminal ileum
60. c. Diagnosis of toxic…
61. a. NOD2/CARD…
62. a. Smoking has a…
63. d. Crohn's disease
64. a, c, d, and e.
65. a. and b.
66. d. Crypt abscess
67. a. Premalignant…
68. a. Transmural…
69. b. 20% after 30 years

70. Risk of malignancy in ulcerative colitis is more in: (PGI Dec 2001)
a. Onset in childhood
b. Extensive involvement of colon
c. Disrupted architecture with crypt abscesses
d. Pseudopolyps
e. Recurrence after treatment

Ref: Sabiston 19/e p1322-1324; Schwartz 9/e p1041; Bailey 26/e p1146-1147, 25/e p1165-1166; Shackelford 7/e p1963-1965

71. Not true about malignancy arising from ulcerative colitis is: (PGI June 2008)
a. Takes at least 10 years to develop
b. Left sided is more common
c. Associated with dysplasia of the rest of the colon
d. Younger age of onset is associated with increased chance of carcinoma

Ref: Sabiston 19/e p1322-1324; Schwartz 9/e p1041; Bailey 26/e p1146-1147, 25/e p1165- 1166; Shackelford 7/e p1963-1965

72. In ulcerative colitis, carcinoma arises from: (PGI Dec 2008)
a. Pseudopolyps
b. Dysplastic sites
c. Familial polyps
d. Multiple adenomatous polyp

73. Ulcerative colitis progressing to malignancy is characterized by following except: (PGI 2007)
a. Risk increases with the time
b. Prognosis worsens
c. Prognosis depends on period
d. Arise from pseudo polyps

74. False about malignancy in ulcerative colitis:
a. Poorly differentiated with higher stage (AIIMS GIS 2003)
b. Related to extent of disease
c. Poor prognosis as compared to sporadic
d. Evenly distributed

75. All are true about colonic cancer in UC except:
a. In younger patients (AIIMS GIS Dec 2010)
b. Depends upon duration of disease
c. Depends on extent of UC in colon
d. Risk of cancer irrespective of grade of dysplasia

Ans.				
	70. a. and b.	**71.** b. Left sided is…	**72.** b. Dysplastic sites	**73.** d. Arise from pseudo…
	74. c. Poor prognosis as…	**75.** d. Risk of cancer…		

I. VERMIFORM APPENDIX

1. All are true about appendicular artery except: (DPG 2007)
  a. Supplies only appendix
  b. Supplies terminal ileum also
  c. Is an end artery
  d. Branch of lower division of ileocolic artery

Ref: Sabiston 19/e p1279

2. True statement about appendix: (PGI June 2006)
  a. Does not have mesentery
  b. Has taenia coli
  c. Develops from midgut
  d. Supplied by appendicular branch of ileocolic artery

3. The commonest anatomical position of appendix is:
  a. Retrocaecal (DNB 2012, MHPGMCET 2007, 2001)
  b. Pelvic
  c. Paracecal
  d. Preileal

4. The fold of Treves is: (MAHE 2005)
  a. The fold of mucous membrane projecting into the lumen of the rectum:
  b. The ilio-appendicular fold of peritoneum
  c. The fold of mucous membrane around the papilla of water
  d. The fold of peritoneum over the inferior mesenteric vein

Ref: Sabiston 19/e p1294-1295

5. Malone procedure is used in: (KGMC 2011)
  a. Anorectal incontinence
  b. Urinary incontinence
  c. Neurogenic bladder
  d. GERD *Ref: Bailey 25/e p1341; Shackelford 7/e p2292*

6. Which of the following present as acute abdomen:
  a. Acute intermittent porphyria (Karnataka 2001)
  b. Tabes
  c. Pneumonitis of lower lobe
  d. All *Ref: Bailey 26/e p1205, 25/e p1211*

7. Most common neoplasm of appendix is: (AIIMS Nov 2003)
  a. Lymphoma
  b. Adenocarcinoma
  c. Leiomyosarcoma
  d. Argentaffinoma

Ref: Sabiston 19/e p1289-1291; Schwartz 9/e p1088; Bailey 26/e p1213-1214, 25/e p1217-1218; Shackelford 7/e p2028

8. A 25-years old patient presented with mass in right iliac fossa, which after laparotomy was found to be carcinoid of 2.5 cm in diameter. What will be next step in management:
  a. Segmental resection (AIIMS Nov 2000)
  b. Appendectomy
  c. Right hemicolectomy
  d. Do yearly 5-HIAA assay

Ref: Sabiston 19/e p1289-1291; Schwartz 9/e p1088; Bailey 26/e p1213, 25/e p1217; Shackelford 7/e p2028

9. What is the treatment of patient with carcinoid tumor of appendix of size more than 2 cm: (AIIMS June 2002)
  a. Right hemicolectomy
  b. Appendectomy
  c. Appendectomy + abdominal CT scan
  d. Appendectomy + 24 hours urinary HIAA

10. Mucocele of the appendix is: (All India 2003)
  a. Benign tumour
  b. Low grade malignancy
  c. Retention cyst
  d. Infective process

Ref: Sabiston 19/e p1289-1290; Schwartz 9/e p1088; Bailey 26/e p1213, 25/e p1217-1218; Shackelford 7/e p2028

11. Treatment of an incidentally detected appendicular carcinoid measuring 2.5 cm is: (MCI March 2009)
  a. Right hemicolectomy
  b. Limits resection of the right colon
  c. Total colectomy
  d. Appendectomy

12. All are true about carcinoid tumor of appendix except:
  a. Present at tip (PGI SS June 2001)
  b. Right hemicolectomy is treatment of choice
  c. Constitute 50% of GI carcinoid
  d. Carcinoid syndrome is rare *Ref: Harrison 18/e p3058*

13. Most common tumor occurring in appendix: (JIPMER 2010)
  a. Melanoma
  b. Carcinoid tumor
  c. Adenocarcinoma
  d. Mucinous carcinoma

14. Treatment of choice for mucinous adeno-carcinoma of appendix:
  a. Right hemicolectomy (MHSSMCET 2009)
  b. Appendicectomy
  c. Percutaneous aspiration
  d. Total colectomy *Ref: Sabiston 19/e p1290*

15. Regarding appendicitis in pregnancy, false is: (ILBS 2011)
  a. MC cause of acute abdomen in first trimester
  b. Pregnancy doesn't increase the risk
  c. Conservative management by antibiotics should be tried
  d. After rupture, fetal mortality is around 30-40%

Ref: Sabiston 19/e p1283; Schwartz 9/e p1082-1083; Bailey 25/e p1209; Shackelford 7/e p2021-2022

16. A pregnant female presents with pain in abdomen on examination, tenderness is found in right lumbar region. TLC is 12,000/cmm, and urine examination is normal, for diagnosis further test done is: (AIIMS June 2008)
  a. Chest X-ray with abdominal shield
  b. Ultrasound abdomen
  c. Non contrast CT abdomen
  d. Laparoscopy

17. Which is the best test for diagnosis of acute appendicitis in a pregnant female: (MHSSMCET 2008)
  a. Alder's test
  b. Aaron's test
  c. Angell's test
  d. Mc Burney's test

Ref: www.ncbi.nlm.nlh.gov/.../PMC3398111

Ans.
1. b. Supplies terminal…
2. c. and d.
3. a. Retrocaecal
4. b. The ilio-appendicular fold…
5. a. Anorectal…
6. d. All
7. b. Adenocarcinoma
8. c. Right hemicolectomy
9. a. Right hemicolectomy
10. a, b, and c.
11. a. Right hemicolectomy
12. c. Constitute 50% of GI carcinoid
13. d. Mucinous carcinoma
14. a. Right hemicolectomy
15. c. Conservative…
16. b. Ultrasound abdomen
17. a. Alder's test

18. Most common initiating factor in acute appendicitis is: (JIPMER GIS 2011)
a. Luminal obstruction
b. Bacterial infection
c. Lymphoid hyperplasia
d. Perforation

Ref: Sabiston 19/e p1279-1282; Schwartz 9/e p1074-1078; Bailey 26/e p1201-1210, 25/e p1205-1212; Shackelford 7/e p2019-2023

19. Appendicitis is diagnosed by: (PGI June 2003)
a. TLC and DLC
b. X-ray abdomen
c. USG
d. Colour Doppler

20. When acute appendicitis is suspected, it can be confirmed by: (PGI June 2007, June 2002)
a. Clinical examination
b. USG
c. CT scan
d. Blood counts
e. Upper GI endoscopy

21. True about appendicular rupture is all except: (PGI Dec 2004)
a. Common in extremes of age
b. Common in people with fecolith obstruction
c. Early antibiotics prevent rupture
d. Appendectomy is done always in presence of rupture

Ref: Sabiston 19/e p1286; Schwartz 9/e p1078-1080; Shackelford 7/e p2027

22. In a case of retrocecal appendicitis which movement aggravates pain: (AIIMS Nov 2007)
a. Flexion
b. Extension
c. Medial rotation
d. Lateral rotation

Ref: Sabiston 19/e p1280; Schwartz 9/e p1076-1077; Bailey 26/e p1203, 25/e p1208-1210; Shackelford 7/e p2020

23. Earliest symptoms in acute appendicitis is: (DNB 2003)
a. Pain
b. Fever
c. Vomiting
d. Rise of pulse rate

24. A patient with Crohn's disease was opened and an inflamed appendix found. The treatment of choice is: (PGI 2007)
a. Appendectomy
b. Ileocolic resection and anastomosis
c. Close the abdomen and start medical treatment
d. None of the above

25. When the rectum is inflated with air through a rectal tube, pain and tenderness occur in the right iliac fossa in case of appendicitis. This is known as: (AIIMS 2004)
a. Aaron's sign
b. Battle's sign
c. Bastedo sign
d. Me Burney's sign *Ref: Internet*

26. The frequent mechanism in perforation of appendix is: (DNB 89, 2009)
a. Impacted faecolith
b. Tension gangrene due to the accumulating secretions
c. Necrosis of lymphoid patch
d. Retrocaecal infection

27. Acute appendicitis is due to: (AIIMS 90, AMU 2000)
a. Faecolith
b. Worms of ileo-caecal region
c. Streptococcal infections
d. Abuse of purgatives
e. None of the above

28. All are useful in acute appendicitis except: (Kerala 2003)
a. Antibiotics
b. Analgesics
c. IV Fluids
d. Purgation

Ref: Sabiston 19/e p1284-1286; Schwartz 9/e p1084; Bailey 26/e p1206-1212, 25/e p1211-1215; Shackelford 7/e p2022-2024

29. Most common organism isolated from perforated appendicitis: (AIIMS GIS May 2008)
a. e. coli
b. Pseudomonas
c. Klebsiella
d. Enterococcus

30. Diffuse peritonitis following appendicitis is usually seen: (ICS 2000)
a. When appendicular perforation occurs early (within 24 hours)
b. When perforation occurs late (after 24 hours)
c. Particularly in non-obstructive appendicitis
d. When antibiotics are withheld

Ref: Bailey 26/e p1212, 25/e p1216

31. All of the following signs are not seen in acute appendicitis except: (TN 2001)
a. Rovsing's
b. Murphy's
c. Boa's sign
d. Mack wen's sign

32. All are to be done in case of 20-years old female coming to casualty with right iliac fossa pain, with local guarding and tenderness, except: (AIIMS Nov 2003)
a. IV glucose
b. Pethidine 100 mg. I.M.
c. Nil orally
d. X-ray abdomen *Ref: Harrison 16/e p84*

33. Aaron's sign is seen in: (AIIMS 2009)
a. Achalasia cardia
b. Hiatus hernia
c. Mediastinum emphysema
d. Acute appendicitis *Ref: Sabiston 19/e p1147*

34. Rovsing sign is seen in: (PGI 2005)
a. Acute appendicitis
b. Acute cholecystitis
c. Pancreatitis
d. None

35. Acute appendicitis is characterized by all of the following except: (MCI Sept 2005)
a. Anorexia
b. Rovsing's sign
c. Fever >42 degree Celsius
d. Periumbilical colic

Ans.	**18.**	a. Luminal obstruction	**19.**	a. TLC and DLC, c. USG	**20.**	a, b, c, and d.	**21.**	c. Early antibiotics prevent…
	22.	b. Extension	**23.**	a. Pain	**24.**	a. Appendectomy	**25.**	c. Bastedo sign
	26.	b. Tension gangrene…	**27.**	a. Faecolith, b. Worms of…	**28.**	d. Purgation	**29.**	a. E. coli
	30.	a. When appendicular…	**31.**	a. Rovsing's	**32.**	None	**33.**	d. Acute appendicitis
	34.	a. Acute appendicitis	**35.**	c. Fever > 42 degree Celsius				

36. A 15-years old boy is admitted with a history and physical finding consistent with appendicitis. Which of the following findings is most likely to be positive: (ComedK 2004)

a. Pelvic crepts
b. Iliopsoas sign
c. Murphy's Sign
d. Flank ecchymosis

37. False about appendicitis in children: (JIPMER 2011)

a. Localized pain is the single most important symptom
b. Vomiting precedes abdominal pain
c. Perforation occurs in 80% of cases <5 years
d. 60% perforation occurs within 48 hours

Ref: Sabiston 19/e p1280; Bailey 25/e p1208

38. Alvarado scoring in appendicitis includes all except:

a. Migratory right iliac fossa pain (PGI Nov 2011)
b. Nausea
c. Elevated temperature
d. Leucopenia
e. Shift to right

Ref: Schwartz 9/e p1080; Bailey 26/e p1207, 25/e p1211

39. Most common occurrence before appendicitis:

a. Blockage of lumen (PGI Nov 2011)
b. Ileitis
c. Gastroenteritis
d. Perforation

40. In appendicitis, the initial periumbilical pain is eventually localized to right iliac fossa because of:

a. Peritoneum
b. Iliopsoas
c. Colon
d. Caecum

41. Which of the following clinical signs is not associated with acute appendicitis: (MHPGMCET 2009)

a. Pointing sign
b. Rovsing's sign
c. Cullen's sign
d. Obturator sign

42. "Ten horn" sign is a feature of: (MHSSMCET 2011)

a. Rectus muscle hematoma
b. Acute pancreatitis
c. Choledocholithiasis
d. Acute appendicitis

43. Alvarado scale is for: (DNB 2012, MHSSMCET 2011)

a. Diverticulitis
b. Mesenteric lymphadenitis
c. Acute appendicitis
d. Pelvic abscess

44. Which of the following organisms produces signs and symptoms that mimic acute appendicitis:

a. Enteropathic Escherichia coli
b. Enterobius vermicularis (DNB 2012, Karnataka 2003)
c. Trichomonas hominis
d. Yersinia enterocolitica *Ref: Sabiston 19/e p1105*

45. Ochsner-Sherren regime is used in management of:

a. Appendicular abscess (JIPMER 2002)
b. Chronic appendicitis
c. Appendicular mass
d. Acute appendicitis

Ref: Sabiston 19/e p1286; Schwartz 9/e p1086-1087; Bailey 26/e p1211, 25/e p1215-1216

46. A 26-years old male presented with 4 day history of pain in the right sided lower abdomen with frequent vomiting. Patients general condition is fair and clinically a tender lump was felt in the right iliac fossa. Most appropriate management for this case would be: (MCI March 2010)

a. Exploratory laparotomy
b. Immediate appendectomy
c. Ochsner-Sherren regimen
d. External drainage

47. A 25-year-old man presents with 3 days history of pain in the right lower abdomen and vomiting. Patient's general condition is satisfactory and clinical examination reveals a tender lump in right iliac fossa. The most appropriate management in this case would be: (ICS 2000)

a. Immediate appendectomy
b. Exploratory laparotomy
c. Ochsner-Sherren regimen
d. External drainage

48. Grid-iron incision was first described by:

a. McArthur (MHSSMCET 2005)
b. Rutherford Morrison
c. Hamilton Bailey
d. Lanz *Ref: Bailey 26/e p1207-1209, 25/e p1212-1213*

49. Stump size in appendectomy should not be more than:

a. 1 mm (MHSSMCET 2010)
b. 2 mm
c. 3 mm
d. 4 mm *Ref: Maingot 11/e p602*

50. During appendectomy if it is noticed that base of appendix is inflamed then further line of treatment is:

a. No appendectomy (DPG 2011)
b. No burying of stump
c. Hemicolectomy
d. Cecal resection

Ref: Sabiston 19/e p1284-1286; Schwartz 9/e p1084; Bailey 26/e p1207-1209, 25/e p1212-1213; Shackelford 7/e p2023-2024

51. The nerve commonly damaged during McBurney's incision is: (All India 2003)

a. Subcostal
b. Iliohypogastric
c. 11th thoracic
d. 10th thoracic *Ref: Bailey 25/e p1213*

Ans.	**36.** b. Iliopsoas sign	**37.** b. Vomiting precedes…	**38.** d. Leucopenia, e. Shift…	**39.** a. Blockage of lumen
	40. a. Peritoneum	**41.** c. Cullen's sign	**42.** d. Acute appendicitis	**43.** c. Acute appendicitis
	44. d. Yersinia…	**45.** c. Appendicular mass	**46.** c. Ochsner-Sherren…	**47.** c. Ochsner-Sherren…
	48. a. McArthur	**49.** c. 3 mm	**50.** b. No burying of stump	**51.** b. Iliohypogastric

52. Which of the following statements is not true of McBurney's incision: (Karnataka 2002)
a. Most suitable if the diagnosis of appendicitis is definite
b. If it is converted into a muscle cutting incision it is called Rutherford Morison's incision
c. Inguinal hernia is a sequele of the incision
d. The incision can be extended upwards or downwards

Ref: Bailey 26/e p1208, 25/e p1213

53. A Gridiron incision becomes a Rutherford Morison's incision is extended by: (Karnataka 2004)
a. Splitting the muscles laterally
b. Cutting the muscles laterally
c. Cutting the muscles medially into the rectus sheath
d. Incising vertically along the rectus muscle

54. Which one of the following is a muscle-splitting incision: (ICS 2005)
a. Kocher's
b. Rutherford-Morrison
c. Pfannenstiel
d. Lanz

55. An appendicular fistula is least likely to heal if: (Kerala 2004)
a. The stump was sutured with vicryl
b. There is stenosis/narrowing of the sigmoid colon
c. Superadded infection
d. None

Ref: Sabiston 19/e p1271

56. All of the following are early complications arising after appendectomy for acute appendicitis except: (Rohtak 2000)
a. Ileus
b. Sterility
c. Intestinal obstruction
d. Pulmonary complications

57. Fecal fistula after appendectomy may occur due to: (MHPGMCET 2003)
a. Adhesions
b. Gangrenous appendicitis
c. Undiagnosed ileo-cecal disease
d. Postoperative infection

Ref: Bailey 26/e p1212, 25/e p1216-1217

58. True about appendicular mass is all except: (DPG 2006)
a. Ochsner-Sherren regime followed
b. Develops after 72 hours
c. Fever is present
d. Operation is to be done immediately

Ans. **52.** d. The incision can… **53.** b. Cutting the muscles… **54.** d. Lanz **55.** b. There is stenosis…
56. b. Sterility **57.** c. Undiagnosed… **58.** d. Operation is to be done…

J. RECTUM AND ANAL CANAL

1. Hemangioma of the rectum: (PGI June 2007)
a. Common tumor
b. Fatal hemorrhage seen
c. Ulcerative colitis like symptoms seen
d. None *Ref: Bailey 26/e p1225-1226, 25/e p1230*

2. Bleeding per rectum is present in all, except:
a. Meckel's diverticulum (AIIMS June 2004)
b. Sigmoid volvulus
c. Carcinoma rectum
d. Ulcerative colitis

3. A young office executive, on tout, presents with bright red painless bleed since 7 days and abdominal pain. External and per-rectal examinations are normal. As attending general practitioner what will be your next step:
a. Proctoscopy (AIIMS Nov 2010)
b. Do a barium enema
c. Refer to surgeon for sigmoidoscopy
d. Refer to gastroenterologist for colonoscopy
Ref: Bailey 26/e p1251, 25/e p1244

4. Not a cause of acute anal pain: (AIIMS Nov 2012)
a. Thrombosed hemorrhoids
b. Acute anal fissure
c. Fistula in ano
d. Perianal abscess
Ref: Bailey 26/e p1263; Sabiston 19/e p1387, 1391, 1394-1396; Schwartz 9/e p1064-1065

5. Paget's disease of anal canal is: (JIPMER GIS 2011)
a. Squamous cell carcinoma in situ
b. Squamous cell adenoma
c. Intra-epithelial adenocarcinoma
d. Marginal anal cell carcinoma
Ref: Sabiston 19/e p1405; Bailey 26/e p590, 25/e p1269; Schackelford 7/e p2174-2175; Maingot 11/e p743-744

6. Which of the following is true about extra-mammary Paget's disease: (JIPMER 2011)
a. MC site is vulva
b. MC site is penis
c. MC site is vagina
d. MC site is perianal region

7. True about melanoma of the anal canal is: (PGI June 2002)
a. Present usually as anal bleeding
b. AP resection gives better result than local excision
c. Local recurrence at the same site after resection
d. Radiosensitive
Ref: Sabiston 19/e p1407; Schwartz 9/e p1053-1054; Bailey 26/e p1267, 25/e p1269; Schackelford 7/e p2173; Maingot 11/e p742

8. A new born baby presents with absent anal orifice and meconuria. What is the most appropriate management
a. Transverse colostomy (All India 2008)
b. Conservative
c. Posterior saggital anorectoplasty
d. Perenial V-Y plasty
Ref: Nelson 18/e p1637; Sabiston 19/e p1849-1851; Schwartz 9/e p1437-1438; Bailey 26/e p1242-1243, 25/e p1244-1249; Schackelford 7/e p2273-2288

9. Invertogram is taken after:
a. 2 hours after birth
b. 4 hours after birth
c. 6 hours after birth
d. 8 hours after birth

10. Anorectal anomalies are commonly associated with:
a. Cardiac anomalies (JIPMER 2011)
b. Duodenal atresia
c. CNS malformations
d. Abdominal

11. A neonate is brought with history of not having passed meconium on examination there is no anal opening but a dimple. Investigation of choice is: (JIPMER 2000)
a. X-ray erect posture
b. X-ray supine posture
c. Gastrograffin study
d. Invertogram

12. Which is not a feature of pilonidal sinus: (PGI June 2005)
a. Branching tracts are common
b. Recurrence is uncommon
c. Bony involvement is uncommon
d. Seen in drivers
Ref: Sabiston 19/e p1396-1397; Schwartz 9/e p1067-1068; Bailey 26/e p1244-1245, 25/e p1247-1249; Schackelford 7/e p1833-1840

13. The following statement about pilonidal sinus is true:
a. More common in females (All India 2007)
b. Mostly congenital
c. Prognosis after surgery is poor
d. Treatment of choice is surgical excision of sinus tract

14. Jeep's disease is also known as: (MCI March 2008)
a. Anal incontinence
b. Hemorrhoids
c. Pilonidal sinus
d. Anal fissure

15. All of the following are true regarding pilonidal sinus except:
a. Seen predominantly in women (MCI Sept 2009)
b. Occurs only in sacrococcygeal region.
c. Tendency for recurrence
d. Obesity is a risk factor

16. A 40-years old male presented with reducible rectal prolapse with history of constipation from the last 10 years, redundant sigmoid with fecal matter, best form of management for this patient: (ILBS 2011)
a. Delorme procedure
b. Anterior resection
c. Rectopexy
d. Mesh fixation
Ref: Sabiston 19/e p1385-1387; Schwartz 9/e p1054; Bailey 26/e p1219-1221, 25/e p1222-1226; Schackelford 7/e p1824-1832

Ans.
1. b. and c.
2. b. Sigmoid volvulus
3. a. Proctoscopy
4. c. Fistula in ano
5. c. Intra-epithelial…
6. a. MC site is vulva
7. a. Present usually as…
8. a. Transverse colostomy
9. c. 6 hours after birth
10. a. Cardiac anomalies
11. d. Invertogram
12. b. Recurrence is uncommon
13. d. Treatment of…
14. c. Pilonidal sinus
15. a. Seen predominantly…
16. b. Anterior resection

17. Delorme procedure is indicated in: (AIIMS GIS Dec 2009)
a. Rectal prolapse
b. Hemorrhoids
c. Rectovaginal fistula
d. Rectocele

18. Treatment of rectal prolapse in childhood is: (AIIMS June 2004)
a. Lahaut's operation
b. Incision of prolapsed mucosa
c. Thiersch wiring
d. Ripstein operation

Ref: Bailey 25/e p1220, 25/e p1224-1225

19. A 30-years old male present with complete rectal prolapse. Which of the following procedure is associated with lowest risk of recurrence: (All India 2012)
a. Delorme's procedure
b. Thiersch procedure
c. Abdominal rectopexy
d. Altmeir's procedure

20. A young male patient presents with compete rectal prolapse. The surgery of choice is: (All India 2010)
a. Abdominal rectopexy
b. Delormes procedure
c. Anterior resection
d. Goodsall's procedure

21. Commonest type of anorectal abscess is: (DNB 2012)
a. Ischio rectal
b. Submucous
c. Pelvi-rectal
d. Perianal

Ref: Sabiston 19/e p1392-1394; Schwartz 9/e p1060-1064; Bailey 26/e p1258-1259, 25/e p1261-1262 Schackelford 7/e p1914

22. The increased incidence of infection in the ischiorectal fossa is due to: (All India 2004)
a. Absence of deep fascia
b. Proximity to anus
c. Poor blood supply
d. Presence of fibrofatty tissue

23. Most common cause of anorectal abscess is: (MAHE 2007, 2008)
a. Inflammation of anal gland
b. Folliculitis
c. Inflammation of rectal mucosa
d. Rectum

24. Not true about hemorrhoids: (AIIMS GIS May 2008)
a. First degree- no prolapse
b. Excision for externo-internal piles
c. Third degree- no surgery
d. Conservative treatment in first degree

Ref: Sabiston 19/e p1387-1391; Schwartz 9/e p1057-1059; Bailey 26/e p1250-1257, 25/e p1253-1259; Schackelford 7/e p1896-1906

25. Hemorrhoids managed by manual reduction: (AIIMS GIS May 2011)
a. I degree
b. II degree
c. III degree
d. IV degree

26. Which of the following is not true about hemorrhoids: (PGI SS June 2007)
a. Pruritus is not common
b. Can be palpated on DRE in absence of complications
c. Band ligation is most commonly done office procedure
d. Stapled hemorrhoidectomy causes less post-operative pain

27. True about treatment of hemorrhoids: (PGI Nov 2010)
a. Band ligation
b. 5% phenol in almond oil is used as sclerosant
c. May be resolved by diet modification
d. Hemorrhoidectomy is TOC

28. External hemorrhoids below the dentate line are: (AIIMS May 2012, All India 2007, AIIMS Nov 2006)
a. Painful
b. Ligation is done as management
c. Skin tag is not seen in these cases
d. May turn malignant

29. Injection sclerotherapy is ideal for the following: (All India 2004)
a. External hemorrhoids
b. Internal hemorrhoids
c. Posterior resection
d. Local resection

30. Commonest complication following haemorrhoi-dectomy is: (MHSSCET 2005)
a. Hemorrhage
b. Infection
c. Fecal impaction
d. Urinary retention

Ref: Bailey 26/e p1256, 25/e p1259; Sabiston 19/e p1389-1391; Schwartz 9/e p1059

31. Treatment of choice in 2nd degree piles is: (AIIMS 2007)
a. Cryosurgery
b. Sclerotherapy
c. Banding
d. Surgery

32. Treatment of primary piles is: (Kerala 2001)
a. Surgery
b. Sclerotherapy
c. No treatment
d. Analgesics

33. Best investigation to diagnose piles is: (Kerala 2003)
a. Proctosigmoidoscopy
b. Barium enema
c. Ultrasound
d. Proctoscopy

Ans.
17. a. Rectal prolapse **18.** c. Thiersch wiring **19.** c. Abdominal rectopexy **20.** a. Abdominal rectopexy
21. d. Perianal **22.** c. Poor blood supply **23.** a. Inflammation of... **24.** c. Third degree- no surgery
25. c. III degree **26.** b. Can be palpated on... **27.** a, b, c, and d. **28.** a. Painful
29. b. Internal hemorrhoids **30.** d. Urinary retention **31.** c. Banding **32.** a. and b
33. d. Proctoscopy

34. Five-day self subsiding pain is diagnostic of: (APPG 2004)
a. Anal fissure
b. Fistula-in-ano
c. Thrombosed external hemorrhoids
d. Thrombosed internal haemorrhoids

35. The following are true of hemorrhoids except:
a. They are arteriolar dilatations (JIPMER 2001)
b. They are common causes of painless bleeding
c. They cannot be per rectally palpated
d. They can be banded

36. All of the following are true in management of hemorrhoids except: (DPG 2009 March)
a. Excisional surgery is cornerstone
b. Fiber supplementation is effective
c. Improvement in bowel function is helpful
d. Ligation with rubber bands effective
Ref: Bailey 26/e p1252, 25/e p1256

37. Most important disadvantage of cryosurgery for hemorrhoid is: (DPG 2005)
a. Pain
b. Infection
c. Profuse watery discharge
d. Hemorrhage *Ref: Bailey 24/e p1259*

38. Which of the following is true about hemorrhoids:
a. More common with portal hypertension (DNB 2008)
b. External hemorrhoids are proximal to dentate line
c. Internal hemorrhoids bleed profusely and painless
d. Internal hemorrhoids are covered by anoderm

39. All are true about TME for CA rectum except:
a. Decreases local recurrence (AIIMS GIS Dec 2009)
b. Decreases incidence of impotence
c. Decreases incidence of bladder dysfunction
d. Decreases survival
Ref: Sabiston 19/e p1359; Schwartz 9/e p1049; Bailey 26/e p1229, 25/e p1234; Schackelford 7/e p2123-2124

40. Local excision in CA rectum is done in all except:
a. Within 6 cm of anal verge (AIIMS GIS Dec 2009)
b. Lesion <4 cm
c. Involvement of <40% circumference
d. T1 and T2 cancer with or without lymph node involvement
Ref: Sabiston 19/e p1358; Schwartz 9/e p1049; Bailey 26/e p1230, 25/e p1233, 1237; Schackelford 7/e p2076

41. In CA rectum, preoperatively: (AIIMS GIS Dec 2009)
a. Only RT is given
b. Only chemotherapy is given
c. Chemoradiation is given
d. Chemoradiation is given post-operatively only
Ref: Sabiston 19/e p1356-1360; Schwartz 9/e p1046-1047; Bailey 26/e p1228-1234, 25/e p1230-1239; Schackelford 7/e p2067

42. In rectal carcinoma, distal margin should be at least:
a. 2 cm (PGI SS June 2001)
b. 3 cm
c. 4 cm
d. 5 cm
Ref: Sabiston 19/e p1359-1360; Schwartz 9/e p1050; Bailey 26/e p1229, 25/e p1233; Schackelford 7/e p2061

43. True about surgical treatment of rectal cancer:
a. Irrigation of divided bowel ends with cytotoxic solution may reduce local true recurrence (PGI SS Dec 2009)
b. Intramural spread is commonly >4 cm
c. Minimum of 5 cm distal resection margin is required
d. Mesorectum is devoid of lymph nodes
Ref: Bailey 25/e p1236

44. Dukes A stage of rectal carcinoma is managed by:
a. Surgical resection only (DNB 2008)
b. Surgical resection + selective adjuvant chemotherapy
c. Surgical resection + routine adjuvant chemotherapy
d. Chemotherapy primarily
Ref: emedicine.medscape.com/article/281237-clinical

45. All are true about rectal cancer except: (JIPMER GIS 2011)
a. Most common symptom is hematochezia
b. Precise location of tumor is done with rigid proctosigmoidoscopy
c. Dissection lateral to endopelvic fascia investing the mesorectum causes local recurrence
d. Radiation dose is 60 Gray

46. False about indications of local resection in CA rectum:
a. T2N0, T1N1 (AIIMS GIS 2003)
b. <10 cm from anal verge
c. <4 cm or <40% of circumference involved
d. Well differentiated with no LN involvement

47. Best treatment for a 4 cm moderate grade rectal cancer at the junction of lower and mid one thirds, with less than one third circumference of the rectum being involved:
a. Radiotherapy (MHSSMCET 2008, 2006)
b. Anterior resection
c. Transanal resection
d. Abdomino-perineal Resection

48. Distal margins of clearance required for treatment of CA rectum is ____ and lateral and proximal margins______:
a. 2 cm and 5cm (MHSSMCET 2010)
b. 3 cm and 5cm
c. 5 cm and 2cm
d. 5 cm and 3cm *Ref: Bailey 26/e p1229, 25/e p1233*

49. A patient with carcinoma of rectum which is 5 cm form anal verge, which procedure you will prefer to perform:
a. Anterior resection (MHSSMCET 2005)
b. Abdomino-perineal resection
c. Hartman's procedure
d. Defunctioning colostomy
Ref: Sabiston 19/e p1359-1360; Schwartz 9/e p1049-1051; Bailey 26/e p1229-1234,25/e p1234-1237; Schackelford 7/e p2066-2067

50. Which of the following is the investigation of choice for assessment of depth of penetration and perirectal nodes in rectal cancer: (AIIMS Nov 2004)
a. Trans rectal ultrasound
b. CT scan pelvis
c. MRI Scan
d. Double contrast barium enema
Ref: Sabiston 19/e p1357-1358; Schwartz 9/e p1047-1048; Bailey 25/e p1232; Maingot 11/e p701

Ans.
34. c. Thrombosed…
35. a. They are arteriolar…
36. a. Excisional surgery…
37. a. Pain
38. c. Internal…
39. d. Decreases survival
40. d. T1 and T2 cancer…
41. c. Chemoradiation is given
42. a. 2 cm
43. a. Irrigation of divided…
44. a. 5-10%
45. c. Dissection lateral to…
46. a. T2N0, T1N1
47. c. Transanal resection
48. a. 2cm and 5cm
49. b. Abdomino-perineal resection
50. c. MRI Scan

51. Vimal, a 70-years old male presents with a history of lower GI bleed for last 6 months. Sigmoido-scopic examination shows a mass, of 4 cm about 3.5 cm above the anal verge. The treatment of choice is: (AIIMS June 2001)
a. Colostomy
b. Anterior resection
c. Abdominoperineal resection
d. Defunctioning anastomosis

52. A patient comes with rectal carcinoma situated 6 cm above dentate line with no nodal metastasis. Treatment of choice will be:
a. Anterior resection (AIIMS Nov 2004)
b. APR
c. Radiotherapy
d. Hartman's procedure

53. For a rectal carcinoma at 5 cm from the anal verge, the best acceptable operation is: (All India 2004)
a. Anterior resection
b. Abdomino-perineal resection
c. Posterior resection
d. APR done in lesion of upper zone

54. True about rectal cancer: (PGI June 2005)
a. Most common type is adenocarcinoma
b. Surgery is the treatment of choice
c. Surgical treatment indicated in spite of hepatic metastasis
d. APR done in lesion of upper zone

55. Commonest presentation of CA rectum is: (DPG 2005)
a. Diarrhea
b. Constipation
c. Bleeding P/R
d. Feeling of incomplete defecation

56. Sphincter saving surgery for rectal malignancy is not done in:
a. Age over 50 years (PGI Dec 2001)
b. Lymph node involvement
c. Infiltration of lamina propria
d. More than 4 cm from anal verge
e. High grade tumor

57. Abdomino-perineal resection is done in colorectal carcinoma on the basis of: (PGI June 2002)
a. Age of patient
b. Distance from anal-verge
c. Fixity of tumor
d. Hepatic metastasis
e. Extent of tumor

58. In which case anterior resection is the method of treatment:
a. CA sigmoid colon (AIIMS Feb 2007)
b. CA rectum
c. CA colon
d. CA anal canal

59. Prognosis for carcinoma rectum is best assessed by:
a. Site of tumour (Karnataka 2003)
b. Histological grading
c. Size of tumors
d. Duration of the symptoms

Ref: Sabiston 19/e p1357; Schackelford 7/e p2134

60. Best procedure in mid rectal carcinoma is: (AIIMS 2007)
a. Abdomino perineal resection
b. Anterior resection
c. Perineal loop
d. Transverse Colostomy

61. Treatment of carcinoma rectum 5 cm from anal verge without nodal metastasis is: (Kerala 2009)
a. Abdominoperineal resection
b. Radiotherapy
c. Endoscopic resection
d. Chemotherapy

62. Which of the following is more aggressive rectal carcinoma:
a. Adenocarcinoma (MAHE 2006)
b. Secondary mucoid carcinoma
c. Signet ring carcinoma
d. Squamous cell carcinoma

63. A punch biopsy shows carcinoma rectum with fixed mass and X-ray chest normal. Which of the following is least useful investigation: (UPPG 2008)
a. Rigid proctoscope
b. Barium enema
c. CT chest
d. MRI-abdomen and pelvis

64. Ideal management in an old and frail patient presenting with a mass situated 15 cm away from anal orifice:
a. Abdomino-perineal resection (MCI March 2005)
b. Colonoscopic removal
c. Hartman's operation
d. Anterior resection

65. Aim of surgery in carcinoma rectum is: (MCI March 2010)
a. Limited excision of the rectum
b. Sacrificing gastrointestinal continuity
c. Preserving the anal sphincter
d. Preserving mesorectum

66. Anterior resection is contraindicated in the following:
a. Age more than 60 years (PGI 2007)
b. Undifferentiated carcinoma
c. Melanin in liver
d. Cancer is less than 5 cm from anorectal margin

67. Distal clearness in surgery for carcinoma rectum is:
a. 2 cm
b. 5 cm (All India 2008)
c. 10 cm
d. 8 cm

68. All are true regarding solitary rectal ulcer syndrome:
a. Usually in anterior wall (DNB 2002)
b. Associated with rectal prolapse
c. Usually malignant
d. Bowel training helps a lot

69. Colitis cystica profunda is seen in case of:
a. SRUS (AIIMS GIS Dec 2009)
b. Rectal carcinoma
c. Rectocele
d. Fissure

Ref: Sabiston 19/e p1372; Schwartz 9/e p1054; Bailey 25/e p1227; Schackelford 7/e p1768-1769

Ans.	**51.**	c. Abdominoperineal…	**52.**	a. Anterior resection	**53.**	b. Abdomino-perineal…	**54.**	a, b, and c.
	55.	c. Bleeding P/R	**56.**	d. More than 4 cm from…	**57.**	b. Distance from…	**58.**	b. CA rectum
	59.	b. Histological grading	**60.**	b. Anterior resection	**61.**	a. Surgical resection	**62.**	c. Signet ring carcinoma
	63.	b. Barium enema	**64.**	c. Hartmann's operation	**65.**	c. Preserving the anal…	**66.**	d. Cancer is less than 5 cm…
	67.	a. 2 cm	**68.**	c. Usually malignant	**69.**	a. SRUS		

70. Most common site of SRUS: (GB Pant 2011)
a. Posterior, 7-10 cm from anal verge
b. Anterior, 7-10 cm from anal verge
c. Posterior, 2-3 cm from anal verge
d. Anterior, 2-3 cm from anal verge

71. True about solitary rectal ulcer syndrome is all/except: (AIIMS May 2007)
a. Increased muscle layer proliferation
b. Crypt distortion
c. Lamina propria infiltration with lymphocyte
d. Subepithelial fibrosis

72. Not true regarding solitary rectal ulcer: (AIIMS Nov 2007)
a. 20% are multiple
b. Recurrent rectal prolapsed is a cause
c. Involves posterior wall
d. Managed by digital reposition

73. Treatment of solitary rectal ulcer are all except: (PGI Dec 2007)
a. Laxatives
b. Rectopexy
c. Banding
d. Sclerosant injection
e. Enema

74. Villous polyp of rectum manifest: (All India 2007)
a. Bleeding PR
b. Mucus diarrhea with hypokalemia
c. Prolapse rectum
d. Obstruction

Ref: Sabiston 19/e pe p1342; Schwartz 9/e p1043; Bailey 25/e p1228, 26/e p1224; Schackelford 7/e p2030; Harrison 18/e p313, 352; 17/e p250

75. In villous papillomas of the rectum which is lost: (DNB 2007, 2003)
a. Na+
b. Mg2+
c. K+
d. All

76. The best surgical management for villous adenoma of the rectum is: (APPG 2004)
a. Local resection of lesion
b. Repeated sigmoidoscopy
c. Abdomino perineal resection
d. Electrolyte infusion and chemotherapy

77. Rectal polyps usually present with: (SGPGI 2005)
a. Obstruction
b. Perforation
c. Bleeding
d. Malignant change

78. Rectal adenoma is associated with: (JIPMER 2003)
a. Familial polyposis coli
b. Hypokalemia
c. Intussusception
d. Hemorrhoids

79. A toddler has few drops of blood coming out of rectum. Probable diagnosis is: (AIIMS May 2013, AIIMS May 2012)
a. Juvenile rectal polyp
b. Adenomatous polyposis coli
c. Rectal ulcer
d. Piles

80. Most common cause of fresh bleeding per rectum in a 5-years old child is: (AIIMS June 2004)
a. Volvulus
b. Trauma
c. Worm infestation
d. Rectal polyp

81. Most common site of chronic fissure in ano: (GB PANT 2011)
a. Anterior
b. Posterior
c. Lateral
d. Anterolateral

Ref: Sabiston 19/e p1391-1392; Schwartz 9/e p1059-1060; Bailey 26/e p1248-1249, 25/e p1251-1253; Schackelford 7/e p1906-1912

82. Percentage of GTN used in fissure: (GB PANT 2011)
a. 2%
b. 0.2%
c. 0.02%
d. 20%

83. All are treatment of acute fissure in ano except: (AIIMS 2006)
a. Conservative
b. Dilatation under GA
c. Lateral sphincterotomy
d. External sphincterotomy

84. Sitz Bath consists of which of the following: (Karnataka 2003)
a. Patient bathed in normal saline
b. Bathed in molten wax
c. Sitz in a basin containing warm antiseptic lotion
d. Sitz in a basin containing molten wax

85. Rectal examination should not be done in: (JIPMER 2001)
a. Anal fissure
b. Fistula in ano
c. Prolapsed piles with bleeding
d. Anal stenosis

86. Internal sphincterotomy is the treatment of choice for: (JIPMER 2002)
a. Piles
b. Fistula
c. Fissure-in-ano
d. Carcinoma

87. Anal fissure best diagnosed by: (All India 2004)
a. Anoscopy
b. History and superficial clinical examination
c. PR examination
d. USG

Ans.
70. b Anterior, 7-10…
71. c. Lamina propria…
72. c. Involves posterior wall
73. c and d.
74. a. and b.
75. a. Na+, c. K+
76. a. Local resection of lesion
77. c. Bleeding
78. b. Hypokalemia
79. a. Juvenile rectal polyp
80. d. Rectal polyp
81. b. Posterior
82. b. 0.2%
83. d. External sphincterotomy
84. c. Sitz in a basin…
85. a. Anal fissure
86. c. Fissure-in-ano
87. b. History and superficial…

88. Lateral internal sphincterotomy is useful for:
a. Anal fistula (MCI Sept 2007)
b. Anal canal strictures
c. Hemorrhoids
d. Anal fissure

89. Most common anorectal fistula: (AIIMS GIS Dec 2009)
a. Intersphincteric
b. Transsphincteric
c. Suprasphincteric
d. Extrasphincteric

Ref: Sabiston 19/e p1394-1396; Schwartz 9/e p1064-1065; Bailey 26/e p1259-1263, 25/e p1262-1266 Schackelford 7/e p1767, 1914-1924

90. An AIDS patient presents with fistula in ano. His CD4 count is below 50. Treatment of choice is:
a. Seton (Punjab 2008, MAHE 2001)
b. Fistulectomy
c. Both
d. Medical

Ref: Sabiston 19/e p1395-1396; Schwartz 9/e p1065; Bailey 26/e p1261-1263,; Schackelford 7/e p1923-1924

91. Which type of malignancy is found in anorectal fistula:
a. Squamous cell carcinoma (PGI June 2005)
b. Transitional cell carcinoma
c. Adenocarcinoma
d. Columnar carcinoma *Ref: Schackelford 7/e p1926, 6/e p2058*

92. The treatment of choice in fistula in ano: (JIPMER 2007)
a. Anal dilatation
b. Fissurotomy
c. Fistulectomy
d. Fistulotomy

93. High or low fistula in ano is termed according to its internal opening present with reference to: (UPSC 2008)
a. Anal canal
b. Dentate line
c. Anorectal ring
d. Sacral promontory

94. Ideal investigation for fistula-in-ano is: (MCI March 2008)
a. Endoanal ultrasound
b. MRI
c. Fistulography
d. CT scan

95. Treatment of choice for squamous cell carcinoma of anal canal: (NEET Patterns, DNB 2012, JIPMER 2011)
a. Abdominoperineal resection
b. Chemoradiation
c. Wide local excision
d. CO2 laser

Ref: Sabiston 19/e p1405-1407; Schwartz 9/e p1053; Bailey 26/e p1266-1267, 25/e p1267-1269 Schackelford 7/e p2166-2170

96. Not included in treatment of squamous cell carcinoma of anal margin: (PGI May 2011)
a. Radiotherapy f/b chemotherapy
b. Chemotherapy f/b radiotherapy
c. Local excision
d. Radical surgery
e. Abdominoperineal resection

Ref: Sabiston 19/e p1402-1405; Schwartz 9/e p1053; Bailey 26/e p1266-1267, 25/e p1267-1269; Schackelford 7/e p2173

97. Most common surgical complication of condyloma acuminata: (MHSSMCET 2008)
a. Infection
b. Recurrence
c. Hemorrhage
d. Malignant change

98. Virus that has increased association with anal warts:
a. HPV
b. HIV (MHPGMCET 2009)
c. LMV
d. EBV

Ref: Sabiston 19/e p1402; Schwartz 9/e p1053; Bailey 26/e p1263-1264, 25/e p1266-1267; Schackelford 7/e p2172

99. Quadrivalent vaccine available for HPV protects against:
a. HPV 6, 11, 31, 32 (JIPMER 2010)
b. HPV 11, 16, 30, 33
c. HPV 6, 11, 16 , 18
d. HPV 16, 18, 31, 35 *Ref: Maingot 11/e p732*

100. Treatment of choice for squamous cell carcinoma of anal canal not involving deep structures: (JIPMER 2010)
a. Chemoradiation
b. Wide local excision+chemoradiation
c. Wide local excision+radiotherapy
d. Abdomino perineal resection

101. Commonest type of carcinoma anal canal is:
a. Squamous cell carcinoma (AIIMS June 2001)
b. Adenocarcinoma
c. Adenocanthoma
d. Papillary type

102. Anal carcinoma is most commonly: (PGI June 2003)
a. Adenocarcinoma
b. Epidermoid
c. Mixed
d. None of the above

103. Treatment of squamous cell carcinoma of anal canal is:
a. Cisplatin based chemotherapy followed by radical radiotherapy (AIIMS Nov 2002)
b. Abdominoperineal resection
c. Radical radiotherapy
d. Radical radiotherapy followed by mitomycin-C based chemotherapy

104. Which of the following statements is true for Nigro's regimen: (All India 2008)
a. It is a regimen for anal canal neoplasm
b. It incorporates chemotherapy with radiation as an alternative to surgery
c. Has the advantage of preserving continence
d. All of the above

Ans.				
	88. d. Anal fissure	**89.** a. Intersphincteric	**90.** a. Seton	**91.** a. and b.
	92. d. Fistulotomy	**93.** c. Anorectal ring	**94.** b. MRI	**95.** b. Chemoradiation
	96. a. and d.	**97.** b. Recurrence	**98.** a. HPV	**99.** c. HPV 6, 11, 16, 18
	100. a. Chemoradiation	**101.** a. Squamous cell carcinoma	**102.** b. Epidermoid	**103.** a. Cisplatin based…
	104. d. All of the above			

105. A 50-year-old male, working as a hotel cook, has four dependent family members. He has been diagnosed with an early stage squamous cell cancer of anal canal. He has more than 60% chances of cure. The best treatment option is
a. Abdomino-perineal resection (All India 2003)
b. Combined surgery and radiotherapy
c. Combined chemotherapy and radiotherapy
d. Chemotherapy alone

106. For CA Anal canal, treatment of choice is:
a. Surgery (DNB 2012, GB Pant 2011, All India 2006)
b. Surgery + Radiotherapy
c. Chemoradiation
d. Chemotherapy

107. In carcinoma of anus distal margin of clearance of anal canal of at least: (CMC 2001)
a. 2 cm
b. 5 cm
c. 4 cm
d. 7 cm

108. Anal margin carcinoma is mostly: (PGI SS June 2005)
a. SCC
b. BCC
c. Bowen's disease
d. Melanoma

109. Resting tone of rectum is decreased in all except:
a. Micturition (All India 2009)
b. Retained feces in the rectum
c. Prolapse rectum
d. Trauma involving the perineum

110. The length of a standard proctoscope is: (TN 2004)
a. 4 inches
b. 6 inches
c. 8 inches
d. 3 inches *Ref: Bailey 26/e p1239-1240, 25/e p1221-1222*

111. Muscle which is primarily responsible for rectal continence:
a. External sphincter (Kerala 2007)
b. Internal sphincter
c. Puborectalis
d. Sacrococcygeus *Ref: Maingot 11/e p663*

112. Below the pectineal line the lymphatic spread is to ….. nodes: (PGI 2003)
a. Superficial inguinal
b. Internal iliac
c. External iliac
d. Para aortic

113. Internal sphincter of rectum is formed by:
a. Levator ani (DPG 2007)
b. Puborectalis
c. Longitudinal muscle fibers condensation
d. Circular muscles fibers condensation

114. It can be stated that the superior hemorrhoidal veins:
a. Drain into the inferior mesenteric vein
b. Have no valve (AIIMS 2004)
c. Leave the anal canal at the pectinate line
d. Cause external haemorrhoids

115. What is false regarding dentate line: (AIIMS 2008)
a. Glands of Morgagni open below the line
b. Anal glands open at the line
c. Dentate line lies 2 cms above the anal verge.
d. Transitional epithelium lies above the dentate line

116. True statement about upper half of anal canal is:
a. Insensitive to pain
b. Drained by superficial inguinal lymph node
c. Lined by squamous epithelium
d. Supplied by superior mesenteric artery

117. Not true about the anal canal is: (PGI 2000)
a. Completely lined by stratified squamous epithelium
b. Supplied by pudendal nerve
c. Drained by veins forming portosystemic anastomosis
d. Part below pectinate line is supplied by inferior rectal artery

118. Which of the following statement about valves of Houston is true: (All India 2012, AIIMS GIS Dec 2011)
a. The middle valve corresponds to middle convex fold to right
b. The upper valve corresponds to peritoneal reflection
c. The valve contain all the three layer of muscle wall
d. Valves disappear after mobilization of rectum

Ref: Sabiston 19/e p1296; Schwartz 9/e p1015; Bailey 25/e p1219; Schackelford 7/e p1703

119. A patient with external hemorrhoids develops pain while passing stools. The nerve mediating this pain is:
a. Hypogastric nerve (DNB 2011, All India 2002)
b. Pudendal nerve
c. Splanchnic visceral nerve
d. Sympathetic plexus *Ref: BDC 4/e pvol II/e p383*

120. In an adult male, on per rectal examination, the following structures can be felt anteriorly except: (All India 2005)
a. Internal iliac lymph nodes
b. Bulb of the penis
c. Prostate
d. Seminal vesicle when enlarged

121. The following are important in maintenance of normal fecal continence except: (All India 2003)
a. Anorectal angulation
b. Rectal innervations
c. Internal sphincter
d. Haustral valve

Ref: Sabiston 19/e p1382-1383; Bailey 26/e p1236-1237, 25/e p1240-1241; Schackelford 7/e p1717-1722

122. Rectal incontinence is due to involvement of:
a. External anal sphincter (PGI June 2006)
b. Internal anal sphincter
c. Ischiococcygeus
d. Pubococcygeus

Ans.	**105.** c. Combined…	**106.** c. Chemoradiation	**107.** a. 2 cm	**108.** a. SCC
	109. b. Retained feces in…	**110.** a. 4 inches	**111.** c. Puborectalis	**112.** a. Superficial inguinal
	113. d. Circular muscles…	**114.** a. and b.	**115.** d. Transitional…	**116.** a. Insensitive to pain
	177. a. Completely lined…	**118.** d. Valves disappear after…	**119.** b. Pudendal nerve	**120.** a. Internal iliac lymph nodes
	121. d. Haustral valve	**122.** a, b, and d		

123. Which of the following is not a component of anorectal ring: (AIIMS May 2013)

a. External anal sphincter
b. Puborectalis
c. Anococcygeal raphe
d. Internal anal sphincter

Ref: BDC 5/e pVol-III/e p428; Maingot 11/e p663

124. External anal sphincter is innervated by: (AIIMS Nov 2013)

a. S2, S3, S4
b. S2, S3
c. L5, S1
d. L2, L3

Ref: BDC 5/e pvol II/e p354-355; Gray's 40/e p1158-1159; Snells 8/e p393-394

Ans. **123.** c. Anococcygeal… **124.** a. S2, S3, S4

K. HERNIA AND ABDOMINAL WALL

1. Patent vitello-intestinal duct should preferably be operated at: (PGI 2002)
- a. Birth
- b. 6 months of age
- c. 12 months of age
- d. 3 years of age *Ref: Bailey 26/e p968, 25/e p985*

2. Which age group most often present with jaundice due to omphalitis in infants is: (Kerala 2003)
- a. At birth
- b. 24-72 hours
- c. 1-3 weeks
- d. 3-6 weeks *Ref: Bailey 26/e p968, 25/e p985*

3. The patent vitello-intestinal duct most often discharges: (TN 2008)
- a. Mucus
- b. Pus
- c. Urine
- d. Faeces

4. Congenital hydrocele is best treated by: (PGI 2001)
- a. Eversion of sac
- b. Excision of sac
- c. Lords procedure
- d. Herniotomy

5. Bleeding from the umbilicus in an adult female during menstruation is suggestive of: (All India 2004)
- a. Bleeding diathesis
- b. Vicarious menstruation
- c. Persistent urachus
- d. Purpura

6. A new born presents with discharge of urine from the umbilicus for 3 days. Diagnosis is: (UPPG 2008)
- a. Meckel's diverticulum
- b. Mesenteric cysts
- c. Urachal fistula
- d. Umbilical hernia *Ref: Bailey 26/e p968, 25/e p986*

7. A new born presents with mid anterior abdominal wall defect with characteristic spontaneous disappearance at age 4 years: (UPPG 2008)
- a. Patent urachus
- b. Omphalocele
- c. Ectopia vesicae
- d. Umbilical hernia

8. Most common cause of umbilicus not separated at age of 2 years: (UPPG 2008)
- a. Raspberry tumour
- b. Leukocyte adhesion deficiency
- c. Patent urachus
- d. Umbilical granuloma

9. Pascal's law is used in which technique of hernia repair: (DNB 2010)
- a. Lichtenstein mesh repair
- b. Stoppa's preperitoneal repair
- c. Bassini's repair
- d. Darning repair *Ref: Recent advances in surgery 10/e p166*

10. All of the following are true about hernia surgery except:
- a. Surgery should not be done unless patient becomes symptomatic (AIIMS Nov 2012)
- b. Hernia in children is treated with herniotomy
- c. Absorbable mesh should not be used for surgery
- d. Surgery can be done using laparoscopy

Ref: Sabiston 19/e p1120-1126; Schwartz 9/e p1318-1331; Bailey 25/e p972-976; Schackelford 7/e p568-579

11. A patient operated for direct inguinal hernia developed anesthesia at the root of the penis and adjacent part of the scrotum, the nerve likely to be injured is: (AIIMS Nov 2001)
- a. Genital branch of genitofemoral nerve (supply dartos muscle)
- b. Femoral branch of genitofemoral nerve
- c. Iliohypogastric nerve
- d. Ilioinguinal nerve

12. During repair of indirect inguinal hernia, while releasing the constriction at the deep inguinal ring, the surgeon takes care not to damage one of the following structures:
- a. Falx inguinalis (conjoint tendon) (AIIMS Nov 2003)
- b. Interfovelar ligament
- c. Inferior epigastric artery
- d. Spermatic cord *Ref: BDC 4/e pvol II/e p208*

13. Preservation of ilioinguinal nerve is an important step in inguinal hernia operation while: (UPSC 2007)
- a. Incising the sub-cutaneous tissue
- b. Incising the external oblique aponeurosis
- c. Incising the cremasteric fascia
- d. Isolating the sac

14. All of the following structures pass through the inguinal cannal in females except: (All India 2012)
- a. Ilioinguinal nerve
- b. Round ligament of uterus
- c. Lymphatics from uterus
- d. Inferior epigastric artery *Ref: BDC 5/e pvol II/e p224*

15. Which of the following is true about deep inguinal ring:
- a. Defect in fascia transversalis (DPG 2008)
- b. Transmits deep inferior epigastric artery
- c. Lies just above and lateral to public tubercle
- d. Opening in external oblique aponeurosis

16. The rectus sheath contains all of the following except:
- a. Pyramidalis muscle (DPG 2010)
- b. Genitofemoral nerve
- c. Inferior epigastric vessels
- d. Superior epigastric vessels *Ref: BDC 4/e pvol-II/e p205-206*

17. Rectus abdominis is inserted into: (PGI 2000)
- a. Xiphoid process
- b. Median raphae
- c. Linea alba
- d. 1-4 ribs

Ans. **1.** b. 6 months of age	**2.** d. 3-6 weeks	**3.** a. Mucus	**4.** d. Herniotomy
5. b. Vicarious…	**6.** c. Urachal fistula	**7.** d. Umbilical hernia	**8.** b. Leukocyte adhesion …
9. b. Stoppa's…	**10.** a. Surgery should not be…	**11.** d Ilioinguinal nerve	**12.** c. Inferior epigastric artery
13. b. Incising the…	**14.** d. Inferior epigastric artery	**15.** a. Defect in fascia…	**16.** b Genitofemoral nerve
17. a. Xiphoid process			

18. True about inguinal canal (PGI 2003)
a. It is an intermuscular canal
b. Superficial inguinal ring is situated superior and lateral to pubic tubercles
c. Deep inguinal ring is superior-medial to attachment wall muscles
d. In male vas deference passes through it
e. Artery and nerve supply pass through it
Ref: BDC 4/e pvol-II/e p208-209

19. All are true about inguinal canal except: (All India 2001)
a. Conjoint tendon forms part of the posterior wall
b. Superficial ring is found in external oblique aponeurosis
c. Deep ring is an opening in transversalis abdominis
d. Internal oblique forms both anterior and posterior wall

20. The inguinal canal is not bounded posteriorly by
a. Transversalis fascia (All India 2005)
b. Internal oblique tendon
c. Conjoint tendon
d. Lacunar ligament

21. Deep inguinal ring is deficiency in the
a. Internal oblique muscle
b. Transverses abdominis muscle
c. Internal spermatic fascia
d. Transversalis fascia

22. True statement about lower 1/4th anterior abdominal wall:
a. Linea alba is poorly formed (PGI June 2006, Dec 2007)
b. Two layers of rectus sheath present
c. External oblique poorly formed
d. External oblique muscle well formed and strong

23. True about the anatomy of inguinal hernia which is/are true:
a. Superficial inguinal ring is an opening in external oblique aponeurosis (PGI June 2005)
b. Indirect hernia lies just medial to inferior epigastric artery
c. Posterior wall is formed by transversalis fascia and conjoined tendon
d. Cremasteric artery is a branch of external iliac artery
e. Indirect hernia lies anteromedial to spermatic cord

24. On an average, the distance between femoral ring and saphenous opening (length of femoral canal) is:
a. 1.25 cm (AIIMS 2001)
b. 2.50 cm
c. 3.75 cm
d. 5.00 cm

25. The transpyloric plane passes through the: (COMEDK 2011)
a. Pylorus of the stomach
b. Fundus of the stomach
c. Fundus of the uterus
d. Fundus of the gall bladder

26. Which of the following are associated with external oblique muscle: (PGI Nov 2011)
a. Poupart's ligament
b. Lacunar ligament
c. Superficial inguinal ring
d. Conjoint tendon
e. Cremaster muscle *Ref: BDC 4/e pvol-II/208-209*

27. About hernia, false statements: (PGI Dec 2003)
a. In children, indirect inguinal hernia is treated medically
b. In Richter's hernia, absolute constipation seen
c. Indirect inguinal hernia is the MC type
d. Deep inguinal ring is lateral and above the public tubercle
Ref: BDC 4/e pvol II/e p208

28. True about hernia: (PGI Dec 2003)
a. External abdominal hernia is common
b. Direct hernia usually acquired
c. Strangulation is common in femoral hernia
d. Direct hernia is acquired in old age
e. TOC for indirect inguinal hernia is surgery

29. True about hernia: (PGI Dec 2000)
a. Direct hernias are usually acquired
b. Femoral is most common hernia to strangulate
c. External abdominal hernia are most common
d. 50% old people suffer from direct type of hernia with strangulation
e. Treatment of choice for indirect inguinal hernia is surgery

30. Causes of recurrent hernia: (PGI 2008)
a. Absorbable sutures
b. Sliding hernia
c. Missed sac
d. Infection
Ref: Bailey 25/e p977; http://www.medscape.org/viewarticle/420354_7

31. Hernia with hydrocele is … hernia: (AIIMS 2004)
a. Gibbon's
b. Fruber's
c. Dobson's
d. Leobel's

32. Hernia into pouch of Douglas is …… hernia:
a. Beclard's (AIIMS 2008)
b. Bochdaleks
c. Blandin's
d. Berger's

33. The person whose work on the radical cure of hernia immortalised his name was: (Karnataka 2006)
a. William Halsted
b. Eduardo Bassini
c. Mc Vay
d. Koontz

34. Truss cannot prevent progression of which type of inguinal hernia: (UPPG 2003)
a. Sliding
b. Littre's
c. Indirect
d. Direct

35. The covering over an omphalocele is: (PGI 2001)
a. Skin
b. Amniotic membrane
c. Chorionic membrane
d. None of the above
Ref: Sabiston 19/e p1855-1856; Schwartz 9/e p1442-1443; Bailey 26/e p121, 25/e p980-981

Ans.
18. a, b, and d. **19.** c. Deep ring is an… **20.** d. Lacunar ligament **21.** d. Transversalis fascia
22. a. and c. **23.** a. and c. **24.** a. 1.25 cm **25.** a. Pylorus of the…
26. a, b, and c. **27.** a, b, and d. **28.** a, b, c, d, and e. **29.** a, b, c and e.
30. a, c, and d. **31.** a. Gibbon's **32.** d. Berger's **33.** b. Eduardo Bassini
34. a. Sliding **35.** b. Amniotic membrane

36. Omphalocele is caused by: (DNB 2010)
a. Duplication of intestinal loops
b. Abnormal rotation of the intestinal loop
c. Failure of gut to return to the body cavity from its physiological herniation
d. Reversed rotation of the intestinal loop

37. In Moore's classification of omphalocele (exomphalos), type I umbilical defect is less than .. cm: (PGI 2007)
a. 0.5
b. 2.5
c. 3.5
d. 4.5
Ref: pubmedcentralcanada.ca/e ppmcc/articles/.../annrcse01490-0010.pdf

38. Exomphalos major should be operated at: (DNB 2005)
a. Birth
b. 3 months of age
c. 1 year
d. 3 years
Ref: Sabiston 19/e p1855; Schwartz 9/e p1442-1443; Bailey 26/e p121, 25/e p980

39. Mayo's operation is done for: (2000)
a. Spigelian hernia
b. Femoral hernia
c. Richter's hernia
d. Umbilical hernia
Ref: Sabiston 19/e p1130-1131; Schwartz 9/e p1441-1442; Bailey 26/961-963, 25/e p980-981; Schackelford 7/e p599-600

40. Umbilical hernia in a child - indication for surgery is/are:
a. Failure to disappear by 3 years (MAHE 2007)
b. >2 cm size
c. Symptomatic
d. All of the above

41. What is false regarding gastroschisis and omphalocele:
a. Intestinal obstruction is common in gastroschisis
b. Gastroschisis is associated with multiple anomalies
c. Umbilical cord is attached in normal position in gastroschisis (DNB 2012, AIIMS 2000)
d. Liver is the content of omphalocele

42. Hernia that is least likely to strangulate is: (AIIMS Nov 93)
a. Femoral hernia
b. Direct inguinal hernia
c. Indirect inguinal hernia
d. Umbilical hernia

43. Incidence of exomphalos: (MHPGMCET 2006)
a. 1 in 1000
b. 1 in 3000
c. 1 in 5000
d. 1 in 10,000

44. True regarding gastroschisis is: (NEET Pattern, DNB 2003)
a. An omphalocele
b. An anterior abdominal wall tumor
c. A variant of gastric carcinoma
d. Herniation of abdominal contents through body wall

45. Most common content in 'Hernia en glissade' is:
a. Omentum (All India 2005)
b. Urinary bladder
c. Caecum
d. Sigmoid colon
Ref: Sabiston 19/e p1126; Bailey 25/e p977; Schackelford 7/e p566

46. Viscera forms wall of which hernia: (PGI Dec 2009)
a. Lumbar hernia
b. Sliding hernia
c. Epigastric hernia
d. Femoral hernia

47. Sliding constituent of a large direct hernia is:
a. Bladder (All India 2007)
b. Sigmoid colon
c. Caecum
d. Appendix

48. Most useful investigation in sliding hernia in female:
a. Fluroscopy (UPPG 2008)
b. Barium-meal
b. Palpation method
d. Ultrasound *Ref: CSDT 12/e p771*

49. If caecum is involved as a part of the wall of hernia sac and is not its content, then it will be known as:
a. Richter's hernia
b. Spigelian hernia
c. Sliding hernia
d. Interstitial hernia

50. About lumbar hernia, false statements:
a. Superior triangle is Grynfeltt's triangle
b. Inferior triangle is Petit's triangle
c. Mostly acquired
d. More common on right side
Ref: Sabiston 19/e p1137; Schwartz 9/e p1273; Bailey 26/e p966-967, 25/e p983-984; Schackelford 7/e p613-616

51. True about femoral hernia is: (PGI Dec 2008)
a. Occurs exclusively in females
b. Pregnancy is common cause
c. Doesn't strangulate
d. In males associated with cryptorchidism
Ref: Sabiston 19/e p1126; Schwartz 9/e p1312, 1332; Bailey 26/e p959-961, 25/e p977-980; Schackelford 7/e p547-554

52. Which structures live immediately lateral to femoral hernia: (AIIMS Nov 2011)
a. lateral cutaneous nerve of thigh
b. Femoral nerve
c. Femoral artery
d. Femoral vein

53. Femoral hernia is characteristically ….. the public tubercle:
a. Lateral and below (MHPGMCET 2007)
b. Medial and above
c. Lateral and above
d. Medial and below

54. In the treatment of femoral hernia, Lockwood's operation refers to:
a. Low inguinal operation (Karnataka 2006)
b. High inguinal operation
c. Inguinal operation
d. Laparoscopic surgery

Ans. **36.** c. Failure of gut to… **37.** b. 2.5 **38.** a. Birth **39.** d. Umbilical hernia
40. d. All of the above **41.** b. Gastroschisis is… **42.** b. Direct inguinal hernia **43.** c. 1 in 5000
44. d. A herniation of… **45.** d. Sigmoid colon **46.** b. Sliding hernia **47.** b. Sigmoid colon
48. b. Barium-meal **49.** c. Sliding hernia **50.** d. More common on… **51.** b. Pregnancy is common cause
52. d. Femoral vein **53.** a. Lateral and below **54.** a. Low inguinal…

55. Strangulation most commonly occurs in: (DNB 2012, MCI Sept 2005)
a. Femoral hernia
b. Direct inguinal hernia
c. Indirect inguinal hernia
d. Lumbar hernia

56. Medial boundary of femoral ring is formed by: (JIPMER 2011)
a. Inguinal ligament
b. Pectineal ligament
c. Lacunar ligament
d. Septum separating it from femoral vein

57. A patient with femoral hernia can be managed by:
a. Bassini repair
b. Hunters repair
c. Shouldice repair
d. McVay repair

Ref: Schwartz 9/e p2514

58. Hernia that lies under the fascia of pectineus muscle is: (MHSSMCET 2006)
a. Cloquet's hernia
b. Laugier's hernia
c. Narath's hernia
d. Obturator hernia

Ref: Bailey 25/e p978-979

59. Most common type of hernia in females is: (AIIMS Feb 97, DPG 2005, JIPMER GIS 2011)
a. Direct inguinal hernia
b. Indirect inguinal hernia
c. Femoral hernia
d. Umbilical hernia

Ref: Sabiston 19/e p1114; Schwartz 9/e p1306-1307; Bailey 26/e p954-960, 25/e p971-972; Schackelford 7/e p558

60. For differentiating inguinal hernia and femoral hernia the landmark will be: (AIIMS Nov 2003)
a. Public symphysis
b. Femoral artery
c. Inferior epigastric level
d. Public tubercle

Ref: Sabiston 19/e p1114, 1126; Schwartz 9/e p1308; Bailey 26/e p954-960, 25/e p971-972; Schackelford 7/e p561

61. True statement (s) about indirect inguinal hernia: (PGI June 2004)
a. 25% is bilateral
b. In children, if inguinal (indirect) hernia is present on one side, then processus vaginalis is intact on other side
c. In bubonocele sac lies in the inguinal canal
d. Equal incidence in male and female

Ref: Sabiston 19/e p1114-1115; Schwartz 9/e p1307, 1316; Bailey 26/e p954-959, 25/e p971-973; Schackelford 7/565-568

62. True about inguinal hernia: (PGI June 2003)
a. It is more common in female
b. Right sided is more common than left side
c. Direct hernia is less likely to undergo strangulation
d. Femoral hernia is more common in female

Ref: Sabiston 19/e p1114-1115; Schwartz 9/e p1306, 1316; Bailey 26/e p954-959, 25/e p971-973; Schackelford 7/e p565-568

63. True statement about inguinal hernia: (PGI Nov 2011)
a. Overall male to female ratio is 7:1
b. Femoral and umbilical hernias ratio in female-to-male is same as 4:1
c. Inguinal hernia is commonest groin hernia in female
d. Incidence increases with age
e. Pain indicates obstruction and strangulation

Ref: Sabiston 19/e p1114-1115; Schwartz 9/e p1306-1307; Bailey 26/e p954-959, 25/e p971-973; Schackelford 7/e p558

64. All of the following statements are true about repair of groin hernias except: (AIIMS Nov 2004)
a. Lichtenstein tension free repair has a low recurrence rate
b. TEP repair is an extraperitoneal approach to laparoscopic repair of groin hernia
c. In Shouldice repair, non-absorbable mesh is used
d. The surgery can be done under local anaesthesia in selected cases

Ref: Sabiston 19/e p1120-1126; Schwartz 9/e p1318-1331; Bailey 26/e p957-959, 25/e p972-976; Schackelford 7/e p568-579

65. Most important step in the repair of an indirect inguinal hernia is (JIPMER 2007)
a. Herniotomy
b. Narrowing of the internal ring
c. Bassini's repair
d. Transfixation of the neck of the sac

66. The treatment of choice for inguinal hernia in infants is: (AMU 2004)
a. Herniotomy
b. Herniorrhaphy
c. Truss
d. Hernioplasty

67. On examination of the patient for a hernia, it is useful to realize that: (AIIMS 2000)
a. An impulse is often much better seen than felt
b. The internal abdominal ring lies 1.25 cm above the midpoint of poupart's ligament
c. The external abdominal ring lies 1.25 cm above and medial to ASIS
d. None of the above

68. A patient is advised to avoid strenuous activity following herniorrhaphy for a period of: (AMU 2003)
a. One day
b. One week
c. 3 weeks
d. 6 weeks

69. Which one of the following is not performed in Lichtenstein tension free hernioplasty: (Karnataka 2006)
a. High ligation of indirect hernia sac
b. Mesh sutured to the conjoint tendon and inguinal ligament
c. Conjoint tendon sutured to inguinal ligament
d. Spermatic cord is placed in two tails of the internal ring

Ref: Sabiston 19/e p1123; Schwartz 9/e p1322; Bailey 26/e p959, 25/e p974; Schackelford 7/e p576

70. True statement regarding direct inguinal hernia: (UPPG 2008)
a. Most common inguinal hernia in women is direct
b. Direct hernia is medial to inferior epigastric artery
c. Repair of the transversalis fascia and the internal ring
d. Descends downwards and inwards towards the scrotum

Ref: Sabiston 19/e p1114-1115; Schwartz 9/e p1306, 1316; Bailey 25/e p971-975; Schackelford 7/e p558-568

Ans.	**55.** a. Femoral hernia	**56.** c. Lacunar ligament	**57.** d. McVay repair	**58.** a Cloquet's hernia
	59. b. Indirect inguinal…	**60.** d. Public tubercle	**61.** b. and c.	**62.** b, c, and d.
	63. a, c, d, and e.	**64.** c. In Shouldice repair…	**65.** b. Narrowing of the…	**66.** a. Herniotomy
	67. a. An impulse is…	**68.** None	**69.** c. Conjoint tendon…	**70.** b. Direct hernia is medial to…

71. Content of epilocele is: (DNB 2011)
a. Omentum
b. Intestine
c. Colon
d. Urinary bladder *Ref: Bailey 25/e p969*

72. Regarding desmoid tumour, true is: (MHSSMCET 2011)
a. Mostly females are affected
b. Well-capsulated tumor
c. Common above the level of umbilicus
d. Radiotherapy is treatment of choice

73. Triangle of Doom is bounded by all of the following except:
a. Cooper's ligament (AIIMS Nov 2008)
b. Vas deferens
c. Gonadal vessels
d. Peritoneal reflection
Ref: Sabiston 19/e p1118; Schwartz 9/e p1313-1315; Schackelford 7/e p562-565

74. True regarding indirect inguinal hernia are all except:
a. Most common type of hernia (MCI March 2008)
b. Always unilateral
c. Inguinal herniotomy is the basic operation
d. Transillumination distinguishes it from hydrocele

75. Most common type of hernia in the young age group:
a. Femoral hernia (MCI Sept 2006)
b. Direct inguinal hernia
c. Indirect inguinal hernia
d. Umbilical hernia

76. Least recurrence rate in incisional hernia repair is following:
a. On lay mesh repair (JIPMER 2010)
b. Intra peritoneal mesh repair
c. Inlay mesh repair
d. Shouldice repair

77. Inguinal herniotomy includes all of the following except:
a. Dissection and opening of the hernial sac (Orissa 2011)
b. Reduction of contents
c. Transfixation of the neck and excision of redundant sac
d. Repair of stretched inguinal ring and fascia transversalis

78. Hasselbach's triangle is bounded by the following, except:
a. Rectus abdominis muscle (Orissa 2011)
b. Transversus abdominis muscle
c. Inferior epigastric artery
d. Inguinal ligament
Ref: Sabiston 19/e p1118; Bailey 26/e p955, 25th/e p971; Schackelford 7/e p560

79. Ilioinguinal nerve is damaged while incising:
a. External oblique aponeurosis (MHSSMCET 2006)
b. Internal oblique muscle
c. Transverse abdominis
d. Linea alba
Ref: Sabiston 19/e p1118, 1127; Schwartz 9/e p1314-1315; Bailey 25/e p971, 973; Schackelford 7/e p562-563

80. Shouldice repair is: (PGI SS June 2007)
a. Multilayered repair of inguinal canal
b. Conjoint tendon is sutured to inguinal ligament
c. Conjoint tendon is sutured to Cooper's ligament
d. Transabdominal repair
Ref: Sabiston 19/e p1121; Schwartz 9/e p1321; Bailey 26/e p955-956, 25/e p973; Schackelford 7/e p575

81. Are true about hernia repair except: (JIPMER GIS 2011)
a. Bassini's repair is between inguinal ligament and conjoint tendon
b. Shouldice repair is involvement of the posterior wall strengthening
c. Mcvay's repair is for femoral hernia
d. Lichtenstein is a tension free-mesh repair
Ref: Sabiston 19/e p1121; Schwartz 9/e p1320-1322; Bailey 26/e p957, 25/e p973; Schackelford 7/e p573-576

82. Funicular hernia is type of: (DNB 2007)
a. Direct inguinal hernia
b. Indirect inguinal hernia
c. Femoral Hernia
d. Umbilical hernia

83. Type IIIA in Nyhus classification of hernia: (DNB 2011)
a. Direct inguinal hernia
b. Indirect inguinal hernia
c. Femoral hernia
d. Umbilical hernia
Ref: Sabiston 19/e p1120; Schwartz 9/e p1316; Schackelford 7/e p567-568

84. Type 7 Gilbert hernia is:
a. Direct inguinal hernia
b. Indirect inguinal hernia
c. Femoral hernia
d. Umbilical hernia
Ref: Schwartz 9/e p1316; Schackelford 7/e p567-568

85. The following are the risk factors for inguinal hernia:
a. Family history of inguinal hernia (PGI Dec 2007)
b. Weight lifter
c. COPD
d. Female
e. Obesity
Ref: Sabiston 19/e p1114-1115; Schwartz 9/e p1307-1308; Bailey 26/e p949-950, 25/e p968; Schackelford 7/e p558-559

86. Which of these would you like to do for a case of strangulated hernia: (PGI June 2002)
a. X-ray
b. USG abdomen
c. Aspiration of contents of sac
d. Correction of hypovolemia
e. Prepare OT for urgent surgery
Ref: Sabiston 19/e p1127; Schwartz 9/e p1331-1332; Bailey 26/e p950, 25/e p970-971, 976

87. In a case of strangulated hernia management is:
a. USG-abdomen (PGI June 2006, Dec 2006)
b. X-ray abdomen
c. Aspirate contents
d. Immediate surgery
e. IV fluids

Ans.
71. a. Omentum
72. a. Mostly females are affected
73. a. Cooper's ligament
74. b. Always unilateral
75. c. Indirect inguinal…
76. b. Intra peritoneal mesh repair.
77. d. Repair of stretched…
78. b. Transversus abdominis…
79. a. External oblique…
80. a Multilayered repair of…
81. None
82. b. Indirect inguinal hernia
83. a. Direct inguinal…
84. c. Femoral hernia
85. a, b, c, and e.
86. d. and e.
87. d and e

88. Which of the following is not done in case of obstructed inguinal hernia: (PGI June 2003, PGI Dec 2001)
a. Aspiration of the sac for diagnosis
b. X-ray abdomen
c. USG abdomen
d. Do early surgery

89. During surgery of hernia, the sac of a strangulated inguinal hernia should be opened at the:
a. Neck (AIIMS June 2004)
b. Body
c. Fundus
d. Deep ring

90. Treatment of strangulated hernia is: (Kerala 2004)
a. Observation
b. Immediate surgery
c. Manual reduction
d. Analgesics

91. Which is the 1st sign of strangulation of inguinal hernia:
a. Tense (UPPG 2006)
b. Tenderness
c. Irreducible
d. Redness

92. All are true about Spigelian hernia except:
a. Usually occurs above arcuate line (JIPMER GIS 2011)
b. Picked up by USG or CT
c. Hernia sac will be posterior to the external oblique aponeurosis
d. Usually small and asymptomatic

Ref: Sabiston 19/e p1135; Bailey 26/e p966, 25/e p983; Schackelford 7/e p609-610

93. Spigelian hernia is seen in: (All India 2000)
a. Lumbar triangle
b. Subumbilical region
c. Paraumbilical region
d. Supraumbilical region

94. Spigelian hernia is a type of hernia occurring at:
a. Medial border of rectus abdominis
b. Lateral border of rectus abdominis
c. Lumbar region (PGI June 2000)
d. Femoral canal

95. Spigelian hernia is: (MCI March 2005)
a. Passes through the obturator canal
b. Hernia occurring through the linea alba
c. Hernia through the triangle of Petit
d. Hernia occurring at the level of arcuate line

96. Spigelian hernia is a defect within the following muscle:
a. Rectus abdominis (COMEDK 2004)
b. Internal oblique
c. Transversalis abdominis
d. External oblique

97. True about obturator hernia in adults: (PGI Nov 2009)
a. More common in space of Lorentz
b. Common in female
c. Chronic constipation risk factor
d. Surgical treatment should be done
e. May present with intestinal obstruction

Ref: Sabiston 19/e p1137; Bailey 26/e p967-968, 25/e p984; Schackelford 7/e p616-618

98. Howship romberg sign is seen in:
a. Sliding hernia
b. Obturator hernia
c. Lumbar hernia
d. Paraduodenal hernia

99. False about paraduodenal hernia: (PGI Nov 2009)
a. Congenital
b. Found in fossa of Kolb
c. Found in fossa of Landzert
d. Common on right side

Ref: Sabiston 19/e p1106; Schackelford 7/e p954-955

100. False about paraduodenal hernia: (AIIMS GIS 2003)
a. Left sided is found in fossa of Landzert
b. Right sided is found in fossa of Kolb
c. Congenital
d. More common on right side

101. After retrocolic gastrojejunostomy, hernia occurring through window in the transverse mesocolon is:
a. Stammer's hernia (MHSSMCET 2008)
b. Left paraduodenal hernia
c. Right paraduodenal hernia
d. Hernia-en-glissede

Ref: www.ncbi.nlm.nih.gov› Ann Surg › v.177(5; May 1973

102. The hernia which often simulates a peptic ulcer is:
a. Umbilical hernia (MCI March 2007)
b. Fatty hernia of the linea alba
c. Incisional hernia
d. Inguinal hernia

Ref: Sabiston 19/e p1131; Schwartz 9/e p1273; Bailey 26/e p963, 25/e p982-983; Schackelford 7/e p597

103. True about epigastric hernia is: (AIIMS May 2012)
a. Located below the umbilicus and always in the midline
b. Located above the umbilicus and always in the midline
c. Located above the umbilicus and on either side
d. Can be seen anywhere on abdomen

104. The sac contains only a portion of the circumference of the intestine: (UPPG 2007, 2005)
a. Richter's hernia
b. Littre's hernia
c. Spigelian hernia
d. Lumbar hernia

Ref: Bailey 26/e p950, 25/e p970

105. Which of the following describes Richter's hernia: (MCI Sept 2007)
a. The strangulated loop of 'W' lies within the abdomen
b. Hernia occurring at the level of arcuate line
c. Involves only a portion of the circumference of the bowel
d. Hernia occurring through the linea alba

Ans.
88. a. and b.
89. c. Fundus
90. b. Immediate surgery
91. b. Tenderness
92. a. Usually occurs…
93. b. Subumbilical region
94. b. Lateral border of…
95. d. Hernia occurring at the…
96. b. Internal oblique
97. b, c, d, and e.
98. b. Obturator hernia
99. d. Common on right side
100. d. More common…
101. a. Stammer's hernia
102. b. Fatty hernia of the…
103. c. Located above the…
104. a. Richter's hernia
105. c. Involves only a portion…

106. Strangulation without obstruction is seen in: (DNB 2005)
a. Inguinal hernia
b. Femoral hernia
c. Richters hernia
d. Littres hernia

107. Which of the following is content of Littre's hernia:
a. Urinary bladder (DNB 2012, MHPGMET 2005)
b. Meckel's diverticulum
c. Circumference of intestinal wall
d. Appendix *Ref: Bailey 26/e p968, 25/e p969*

108. Hernia containing Meckel's diverticulum is:
a. Richter's hernia (MHSSMCET 2005)
b. Pantaloon hernia
c. Littre's hernia
d. Mydel's hernia

109. Which of the following does not predispose to abdominal wall dehiscence: (JIPMER 2002)
a. Faulty technique
b. Malignancy
c. Raised intra abdominal pressure
d. Old age

Ref: Sabiston 19/e p1131-1133; Schwartz 9/e p1273; Bailey 26/e p964-966,; Schackelford 7/e p602-608

110. Ventral hernia is a/an: (AMC 2000)
a. Incisional hernia
b. Umbilical hernia
c. Femoral hernia
d. Inguinal hernia

111. Incisional hernia, not true is: (DPG 2006)
a. Faulty operative technique
b. There is distension of abdomen
c. Associated with infection of the wound
d. Caused by use of local anesthesia

112. Treatment of choice of umbilical adenoma in a new born is: (PGI 2004)
a. Occlusion with a coin
b. Strapping
c. Surgery
d. Masterly inactivity *Ref: Bailey 26/968, 25/e p986*

113. "Raspberry tumour" is another name for: (PGI 2003)
a. Umbilical fistula
b. Umbilical granuloma
c. Umbilical adenoma
d. Meckel's diverticulum

114. Raspberry tumour is: (JIPMER 2007)
a. Neoplastic
b. Inflammatory
c. Traumatic
d. Congenital

115. Treatment of desmoid tumor is: (AIIMS Nov 2003)
a. Conservative
b. Radiotherapy
c. Surgery
d. Radiotherapy following chemotherapy

Ref: Sabiston 19/e p1095; Schwartz 9/e p1299; Bailey 26/e p969, 25/e p990 Schackelford 7/e p974, 2035

116. Regarding desmoid tumour which is not correct:
a. Often seen below the umbilicus (DNB 2002)
b. Unencapsulated
c. More common in women
d. Metastasis does not occur
e. Highly radiosensitive

117. Recurrent fibroma refers to desmoid tumor arising in:
a. Uterus
b. Scar tissue (PGI 2008)
c. Ovary
d. Muscle

118. Treatment of choice of desmoid tumour is:
a. Surgery (AIIMS June 2004)
b. Chemotherapy
c. Radiotherapy
d. Surgery + Radiotherapy

119. What is the treatment of choice in desmoid tumors:
a. Irradiation (DNB 2009, UPSC 2008)
b. Wide excision
c. Local excision
d. Local excision following radiation

Ref: Devita 9/e p1573

Ans.
106. c. Richter's hernia
107. b. Meckel's diverticulum
108. c. Littre's hernia
109. d. Old age
110. a. Incisional hernia
111. d. Caused by use of…
112. None
113. c. Umbilical adenoma
114. d. Congenital
115. c. Surgery
116. e. Highly radiosensitive
117. b. Scar tissue
118. a. Surgery
119. b. Wide excision

L. SPLEEN

1. **Splenic vein thrombosis is best treated by:** (USPC 2007)
   a. Splenectomy
   b. Porto-caval shunt
   c. Spleno-renal shunt
   d. Mesenterico-caval shunt

Ref: Sabiston 19/e p1432; Schwartz 9/e p1112; Blumgart 5/e p1079-1091; Shackelford 7/e p1597; Harrison 18/e p2598

2. **The spleen contains about .... % of the total blood volume** (PGI 2005)
   a. 1
   b. 2
   c. 5
   d. 7

Ref: Guyton 10/e p160; Sabiston 19/e p1548; Schwartz 9/e p1246-1247

3. **Splenosis means:** (AIIMS 2003)
   a. Infection of spleen
   b. Presence of accessory spleens
   c. Rupture of spleen and distribution of its tissue on peritoneum
   d. Non-functioning spleen *Ref: Shackelford 7/e p1616*

4. **One of the following does not cause increase in the size of spleen in later stages:** (MAHE 2001)
   a. Sickle cell anaemia
   b. Cirrhosis
   c. Infectious mononucleosis
   d. Hairy cell leukemia

5. **Removal of senescent RBC from circulation by spleen is called:**
   a. Culling (JIPMER 2008)
   b. Pitting
   c. Filtering
   d. Phagocytosis

6. **Downward displacement of enlarged spleen is prevented by:**
   a. Lienorenal ligament (All India 2009)
   b. Phrenicolic ligament
   c. Upper pole of right kidney
   d. Sigmoid colon

Ref: Grays 40/e p1107-1108, 1214, 1228, 1191; BDC 4th/vol II/230, 233-234

7. **Regarding spleen, true is:** (AIIMS 2001)
   a. Arises from ventral mesogastrium
   b. Inferior border is notched
   c. Axis of spleen lies along 9th rib
   d. Derives its nerve supply from celiac plexus

8. **Right sided isomerism is associated with:** (All India 2011)
   a. Asplenia
   b. One spleen
   c. Two spleens
   d. Polysplenia *Ref: Nelson 18/e p1929*

9. **Splenic vein thrombosis is most commonly caused by:**
   a. Chronic pancreatitis (MHPGMCET 2001)
   b. Carcinoma pancreas
   c. Spleen trauma
   d. Perforation of duodenum

10. **Tropical splenomegaly is caused by:** (MHPGMCET 2009)
    a. Malaria
    b. Kala azar
    c. Schistosomiasis
    d. All of the above *Ref: Bailey 26/e p1091, 25/e p1105*

11. **Most common splanchnic aneurysm:** (AIIMS GIS 2003)
    a. Splenic artery
    b. Hepatic artery
    c. Gastroduodenal artery
    d. Superior mesenteric artery

Ref: Sabiston 19/e p1761-1763; Schwartz 9/e p1256; Bailey 26/e p1089-1090, 25/e p1103-1104; Shackelford 7/e p1098-1100

12. **Most common tumor of spleen is:** (All India 2000)
    a. Lymphoma
    b. Sarcoma
    c. Hemangioma
    d. Metastasis

Ref: Maingot 11/e p1085; Bailey 26/e p1094, 25/e p1108

13. **Accessory spleen in is found at all sites, except:**
    a. Hilum (AIIMS 1994)
    b. Presacral area
    c. Tail of pancreas
    d. Greater omentum, small bowel mesentery

14. **Most common cause of isolated splenic metastasis is:**
    a. Carcinoma pancreas (All India 2012)
    b. Carcinoma stomatch
    c. Carcinoma ovary
    d. Carcinoma cervix

Ref: Oncological Imaging by Paul Silvermann 2012/chapter 31/The spleen

15. **True regarding hemangioma of the spleen:** (MCI March 2005)
    a. Least common benign tumour of the spleen
    b. May transforms into a haemangiosarcoma
    c. Malignant transformation may be managed conservatively
    d. None of the above *Ref: Shackelford 7/e p1651*

16. **A patient presents with fever for 3 weeks. On examination he is observed to have splenomegaly. Ultrasonography reveals a hypoechoic shadow in spleen near the hilum. Gram negative bacilli are isolated on blood culture. Which of the following is the most likely causative organism:**
    a. Cytomegalovirus (All India 2010)
    b. Toxoplasmosis
    c. Salmonella
    d. Lymphoma virus

Ref: Sabiston 19/e p1555-1556; Schwartz 9/e p1255; Bailey 26/e p1090, 25/e p1104; Shackelford 7/e p1655-1658

17. **A patient presents with fever for 3 weeks. On examination he is observed to have splenomegaly. Ultrasonography reveals a hypoechoic shadow in spleen near the hilum. Gram negative bacilli are isolated on blood culture. Which of the following is the most likely causative organism:**
    a. Cytomegalovirus (All India 2010)
    b. Toxoplasmosis
    c. Salmonella
    d. Lymphoma virus

Ref: Sabiston 19/e p1555; Schwartz 9/e p1255; Bailey 26/e p1089, 25/e p1103; Shackelford 7/e p1650-1651

Ans.
1. a. Splenectomy
2. b. 2
3. c. Rupture of spleen and…
4. a. Sickle cell anemia
5. a. Culling
6. b. Phrenicolic ligament
7. d. Derives its nerve supply…
8. a. Asplenia
9. a. Chronic pancreatitis
10. d. All of the above
11. a. Splenic artery
12. a. Lymphoma
13. b. Presacral areas
14. c. Carcinoma ovary
15. d. None of the above
16. c. Salmonella
17. a. Hydatid cyst

18. Best time to give give platelets in ITP,48,000/μL: (ILBS 2011)
- a. After ligation of splenic artery
- b. Pre-operatively
- c. Post-operatively
- d. After ligation of splenic vein

Ref: Sabiston 19/e p1550-1552; Schwartz 9/e p1253; Bailey 26/e p1092, 25/e p1106; Shackelford 7/e p1659-1661

19. False about ITP: (PGI SS Dec 2005)
- a. More common in females
- b. Splenomegaly
- c. Altered peripheral platelet count
- d. Increased bone marrow megakaryocytes

20. All are true about ITP except: (JIPMER GIS 2011)
- a. Low platelet count, normal bone marrow seen
- b. In adults, most common in young women
- c. Chronicity if occurs in children, common in girls
- d. Remission occurs in 70% of cases of adult ITP

21. In the diagnosis of idiopathic thrombocytopenic purpura, one of the statements is true: (ComedK 2006)
- a. In the bone marrow smear, there is decreased number of megakaryocytes
- b. In the bone marrow smear, there is increased number of megakaryocytes
- c. Prothrombin time is prolonged
- d. Partial thromboplastin time is prolonged

22. An evidence that splenectomy might benefit a patient with idiopathic thrombocytopenic purpura includes which of the following: (UPSC 2007)
- a. A significant enlargement of the spleen
- b. A high reticulocyte count
- c. Patients age less than five years
- d. An increase in platelet count on corticosteroid therapy

23. A patient with ITP is being planned for splenectomy. What is the best time for platelet infusion in this patient: (All India 2010, 2008)
- a. 2 hours before surgery
- b. At the time of skin incision
- c. After ligating the splenic artery
- d. Immediately after removal of spleen

24. During splenectomy in ITP, platelet infusion is given: (DPG 2008)
- a. Immediately after ligating splenic artery
- b. Immediately after removal of spleen
- c. After incision
- d. Next day of surgery

25. The innovative method for treatment of moderate splenic injury: (MHSSMCET 2006)
- a. Conservative management
- b. Mesh repair
- c. Splenorraphy
- d. Splenectomy

Ref: Sabiston 19/e p457-459; Schwartz 9/e p152-155; Shackelford 7/e p1638

26. Kehr sign is seen in: (MHSSMCET 2009)
- a. Splenic injury
- b. Liver injury
- c. Renal injury
- d. Mesenteric hematoma

Ref: Sabiston 19/e p458; Shackelford 7/e p1636

27. Management of grade 3 splenic trauma in a stable child: (PGI Nov 2010)
- a. Embolization
- b. Partial splenectomy
- c. Total splenectomy
- d. Conservative

Ref: Sabiston 19/e p457-459; Schwartz 9/e p152-155; Bailey 26/e p1090, 25/e p348; Shackelford 7/e p1636-1639

28. True about blunt abdominal trauma with splenic rupture: (PGI June 2008)
- a. Kehr's sign-discoloration around umbilicus
- b. Spleen is most common organ to be involved
- c. Splenectomy is treatment of choice for splenic rupture
- d. Cullen's sign seen

29. Kehr's sign seen in splenic rupture is: (All India 2005)
- a. Pain over left shoulder
- b. Pain over right scapula
- c. Periumbilical pain
- d. Pain over renal angle

30. In splenic injury, conservative management is done in: (AIIMS JUNE 2004)
- a. Hemodynamically unstable
- b. Young patient
- c. Shattered spleen
- d. Extreme pallor and hypotension

31. The most important radiological sign of splenic rupture is: (JIPMER 2006)
- a. Obliteration of psoas shadow
- b. Obliteration of splenic shadow
- c. Indentation of the left side air bubble
- d. Fracture of one or more lower ribs on left side

32. Accidental small splenic rupture is treated with: (PGI 2008)
- a. Catgut sutures
- b. Silk sutures
- c. Omental patch
- d. Catgut suturing with omental patch
- e. Splenectomy

Ref: Shackelford 7/e p1638

33. Positive Kehr's sign is: (MAHE 2006)
- a. Hemoperitoneum
- b. Acute cholecystitis
- c. Acute pancreatitis
- d. Amoebic abscess

34. In a patient presenting with abdominal trauma, fracture rib and bruise over left hypochondrium probable diagnosis is: (PGI 2003)
- a. Rupture left lobe of liver
- b. Rupture right lobe of liver
- c. Splenic rupture
- d. Rupture stomach

Ans.
18. a. After ligation of.... **19.** b. Splenomegaly **20.** d. Remission occurs... **21.** b. In the bone marrow...
22. d. An increase in... **23.** c. After ligating the... **24.** a. Immediately after... **25.** a. Conservative management
26. a. Splenic injury **27.** d. Conservative **28.** b. Spleen is most... **29.** a. Pain over left shoulder
30. b. Young patients **31.** b. Obliteration of splenic... **32.** d. Catgut suturing with... **33.** a. Hemoperitoneum
34. c. Splenic rupture

35. All of the following are true regarding splenic-rupture except: (MCI Sept 2009)
a. Elevation of the left dome of diaphragm
b. Obliterated psoas shadow
c. Obliterated colonic gas shadow
d. Obliterated splenic outline

Ref: emedicine.medscape.com/article/373694-overview

36. A 27-years old patient presented with left sided abdominal pain to the emergency room; 6 hours after an RTA. He was hemodynamically stable and FAST positive. A CECT (contrast enhanced CT) scan showed grade III splenic laceration. What will be the most appropriate treatment: (All India 2010)
a. Splenectomy
b. Splenorrhaphy
c. Splenic artery embolization
d. Conservative management

37. A 27-years old patient presented with left sided abdominal pain to the emergency room, 6 hours after an ART. He is hemodynamically stable and FAST positive. A CECT (contrast enhanced CT) scan shows a contrast blush along with a grade III laceration. What will be the most appropriate management: (All India 2010)
a. Splenectomy
b. Splenorrhaphy
c. Splenic artery embolization
d. Conservative management

Ref: Trauma Manual by Moore and Mattox 4/e p252

38. All are seen in hypersplenism except: (AIIMS GIS Dec 2011)
a. Anemia
b. Thrombocytopenia
c. Splenomegaly
d. Hypocellular bone marrow

Ref: Sabiston 19/e p1553-1554; Schwartz 9/e p1248; Bailey 26/e p1090, 25/e p1104; Shackelford 7/e p1614, 1631

39. Which of the following doesn't fit in to definition of hypersplenism: (JIPMER GIS 2011)
a. Bone marrow hypoplasia
b. Splenomegaly
c. Pancytopenia
d. Antiplatelet antibodies

40. Hypersplenism is associated with: (PGI Dec 2009)
a. Pancytopenia
b. Thrombocytopenia
c. Leucopenia
d. Polycythemia

41. Most common cysts of the spleen are: (All India 2010)
a. Hydatid cyst
b. Dermatoid cyst
c. Pseudocyst
d. Lymphangioma

Ref: Sabiston 19/e p1555; Schwartz 9/e p1255; Bailey 26/e p1089, 25/e p1103; Shackelford 7/e p1650-1651

42. Most common site of accessory spleen: (AIIMS GIS Dec 2011)
a. Gastrocolic ligament
b. Gastrosplenic ligament
c. Splenic hilum
d. Splenorenal ligament

Ref: Schwartz 9/e p1246; Bailey 26/e p1089, 25/e p1103; Shackelford 7/e p1622, 1660

43. Commonest site of accessory spleen is: (DNB 2012, AIIMS Nov 2000)
a. Lienorenal ligament
b. Hilum of spleen
c. Gastro splenic ligament
d. Around tail of pancreas

44. Spleneculi are seen in: (PGI June 2005)
a. Colon
b. Hilum
c. Liver
d. Lungs

Ans. **35.** c. Obliterated colonic… **36.** d. Conservative management **37.** c. Splenic artery… **38.** d. Hypocellular bone marrow
39. a. Bone marrow… **40.** a, b, and c. **41.** a. Hydatid cyst **42.** c. Splenic hilum
43. b. Hilum of spleen **44.** b. Hilum

4. UROLOGY

- **A.** Kidney and Ureter
- **B.** Urinary Bladder
- **C.** Prostate and Seminal Vesicles
- **D.** Urethra and Penis
- **E.** Testis and Scrotum

UROLOGY (QUESTIONS)

A. KIDNEY AND URETER

1. **Renal calculi associated with proteus infection:** (All India 2011, 2009)
   a. Uric acid
   b. Triple phosphate
   c. Calcium oxalate
   d. Xanthine

Ref: Smith 17/e p249-254; Campbell 10/e p1296-1302; Bailey 25/e p1295-1300

2. **Nephrolithiasis occurs with the toxicity of:** (COMEDK 2005)
   a. Ritonavir
   b. Saquinavir
   c. Indinavir
   d. Nelfinavir

3. **Not true about 'Struvite Stones' is:** (AIIMS Nov 2001)
   a. Better known as staghorn calculus
   b. These are triple phosphate stones
   c. Common in infected urine
   d. Usually seen in acidic urine

4. **Randall's plaques causes:** (TN 2000)
   a. Bile stones
   b. Urinary stones
   c. Premalignant lesions
   d. Bacterial infections

Ref: Campbell 10/e p1262-1263

5. **Commonest stone in case of UTI:** (AIIMS Nov 2003)
   a. Phosphate
   b. Urate
   c. Cysteine
   d. Calcium oxalate

6. **Oxalate stones are found in:** (PGI June 2006)
   a. Ethylene glycol
   b. Ethanol
   c. Diethyl glycol
   d. Methyl alcohol

Ref: Smith 17/e p248

7. **Staghorn calculus is made of:** (DNB 2012)
   a. Oxalate
   b. Phosphate
   c. Uric acid
   d. Cystine

8. **A patient present with pain and tenderness in the left iliac fossa. USG shows a 3 cm stone in the renal pelvis without any hydro-nephrosis. Most appropriate management:** (AIIMS May 2012)
   a. PCNL
   b. ESWL
   c. Diuretics
   d. Medical dissolution threapy with KCl

Ref: Smith 17/e p260-270; Campbell 10/e p1287-1293, 1371-1373; Bailey 26/e p1293, 25/e p1274, 1295-1300

9. **All are radioopaque except one:** (AIIMS June 2000)
   a. Oxalate
   b. Uric acid
   c. Cystine
   d. Mixed

10. **A child presents with complaints of abdominal colic and hematuria USG showed a renal stone 2.5cm in diameter in renal pelvis the next step in management of this case:** (AIIMS Nov 2000)
   a. ESWL
   b. Pyelolithotomy
   c. Nephroureterostomy
   d. Conservative

Ref: Campbell 10/e p1302-1309; Bailey 26/e p1294-1296, 25/e p1297-1300

11. **Which of the following stones is hard to break by ESWL:** (All India 2010)
   a. Calcium oxalate monohydrate
   b. Calcium oxalate dehydrate
   c. Uric acid
   d. Struvite

Ref: Smith 17/e p264-268; Campbell 10/e p1380-1381; Bailey 26/e p1294, 25/e p1298-1299

12. **A 50-years old female is admitted with abdominal pain and anuria. Radiological studies revealed: bilateral impacted ureteric stones with hydronephrosis. Urine analysis showed RBCs with pus cells in urine. Serum creatinine level was 16 mg/dl and urea level was 200 mmol/l. Which of the following should be the immediate treatment:** (All India 2010)
   a. Hemodialysis
   b. 'j' stent drainage
   c. Lithotripsy
   d. Ureteroscopic removal of stones

Ref: 'Acute Care Surgery: Principles and Practice' (Springer 2007/571

13. **What complication should one expect when PCNL is done through 11th intercostals space:** (All India 2010)
   a. Hydrothorax
   b. Hematuria
   c. Damage
   d. Remnants fragments

Ref: Smith 17/e p122, 269; Campbell 10/e p1399-1405; Bailey 26/e p1294, 25/e p1298-1299; Schwartz 9th /1472

14. **Which of the following is not a contraindication for extra corporeal shockwave lithotripsy (ESWL) for renal calculi:** (AIIMS June 2003)
   a. Uncorrected bleeding diathesis
   b. Pregnancy
   c. Ureteric stricture
   d. Stone in a calyceal diverticulum

Ref: Smith 17/e p264-268; Campbell 10/e p1380-1381; Bailey 25/e p1298-1299

15. **A 10-mm calculus in the right lower ureter associated with proximal hydroureterone-phrosis is best treated with:** (All India 2003)
   a. ESWL
   b. Antegrade percutaneous access
   c. Open ureterolithotomy
   d. Ureteroscopic retrieval

Ref: Smith 17/e p268-269; Campbell 10/e p1407-1408; Bailey 26/e p1297-1298

Ans.	**1.** b. Triple phosphate	**2.** c. Indinavir	**3.** d. Usually seen in…	**4.** b. Urinary stones
	5. a. Phosphate	**6.** a. Ethylene glycol	**7.** b. Phosphate	**8.** a. PCNL
	9. b. Uric acid	**10.** a. ESWL	**11.** a. Calcium oxalate…	**12.** b. 'j' stent drainage
	13. a. Hydrothorax	**14.** d. Stone in a calyceal…	**15.** d. Ureteroscopic retrieval	

16. Treatment used for lower ureteric stone is: (AIIMS June 2001)
a. Endoscopic removal
b. Diuretics
c. Drug dissolution
d. Laser
Ref: Campbell 10/e p1375-1379; Bailey 26/e p1296-129825/e p1301-1302

17. Steinstrasse is: (HPU 2001)
a. Staining of stones
b. Stones
c. Failure of ESWL
d. Ureteric obstruction due to fragments in ureter

18. Which of the following statements about the Holmium: YAG laser is incorrect: (AIIMS June 2004)
a. It has a wavelength of 2100 nm
b. Its use for uric acid stones has caused deaths due to generation of cyanide
c. It is effective against the hardest urinary stones
d. It can even cut the wire of stone baskets
Ref: Smith 17/e p130; Campbell 10/e p198-199, 1380-1391

19. All are indicated in a patient with cystinuria with multiple renal stones except: (AIIMS Nov 2012)
a. Cysteamine
b. Increase fluid intake
c. Alkalinization of urine
d. Penicillamine
Ref: Harrison 18/e p3221; Smith 17/e p249-254; Campbell 10/e p1296-1302; Bailey 25/e p1295-1300

20. Radioluscent renal stones are composed of: (PGI 2003)
a. Cysteine
b. Calcium phosphate
c. Calcium phosphate
d. Uric acid
e. Xanthine

21. Percentage of renal stones which are radio opaque:
a. 10%
b. 25 (JIPMER 2008)
c. 37%
d. 75%
e. 90% *Ref: Smith 17/e p261-262*

22. Dormia basket is used for removal of renal calculi in the:
a. Pelvic ureteric junction (JIPMER 2009)
b. Upper 1/3rd of ureter
c. Middle 1/3rd of ureter
d. Lower 1/3rd of ureter

23. Which is false regarding ureteric stones: (AIIMS 2002)
a. Urine is always infected
b. Should be removed immediately
c. Source is always the kidneys
d. Pain in referred to tip of penis in intramural stones

24. Urine incontinence is seen in all except: (MHPGMCET 2003)
a. Ureterovaginal fistula
b. Vesicovaginal fistula
c. Ectopic ureter
d. Urerthrovaginal fistula *Ref: Bailey 25/e p1320*

25. Treatment of choice for 0.5 mm renal calyx stone is:
a. ESWL
b. PCNL (DNB 2007)
c. Ureteroscopy
d. Cystoscopy

26. All are risk factors for nephrolithiasis except: (DNB 2007)
a. Renal tubular acidosis
b. High protein intake
c. High calcium intake
d. Hypercalciuria

27. All of the following statement about renal calculi are true, except:
a. Cystine stones form in acidic urine (All India 2003)
b. Struvite stones form in alkaline urine
c. Oxalate stones are radiopaque
d. Uric acid stones are resistant to ESWL

28. Staghorn calculus is made of: (DNB 2000)
a. Oxalate
b. Phosphate
c. Uric acid
d. Cystine

29. Treatment used for lower ureteric stone is: (AIIMS June 2008)
a. Endoscopic removal
b. Diuretics
c. Drug dissolution
d. Laser

30. Chandu, 45-years male shows calcification on the right side of his abdomen in an AP view. In lateral view the calcification is seen to overlie the spine. Most likely diagnosis is:
a. Gallstones (All India 2001)
b. Calcified mesenteric nodes
c. Renal stones
d. Calcified rib *Ref: Bailey 25/e p1297; mededconnect.com*

31. Which of the following advises is not given to a 35 years old female patient with recurrent renal stone:
a. Increase water (AIIMS Nov 2012)
b. Restrict protein
c. Restrict salt
d. Restricted calcium intake
Ref: Harrison 18/e p 1817; Smith 17/e p271

32. Stone which is resistant to lithotripsy: (AIIMS Nov 2010)
a. Calcium oxalate
b. Triple phosphate stone
c. Cystine stone
d. Uric acid stone

33. Which of the following are radiolucent renal stones:
a. Uric acid stones (MHPGMCET 2002)
b. Cystine stones
c. Mixed stones
d. Calcium oxalate stones

Ans.
16. a. Endoscopic removal
17. d. Ureteric…
18. b. Its use for uric acid…
19. a. Cysteamine
20. d. Uric acid, e.…
21. e. 90%
22. d. Lower 1/3rd of ureter
23. a. and b.
24. d. Urerthrovaginal…
25. a. ESWL
26. c. High calcium intake.
27. d. Uric acid stones are…
28. b, Phosphate
29. a. Endoscopic removal
30. c. Renal stones
31. d. Restricted calcium intake
32. c. Cystine stone
33. a. Uric acid stones

34. Which of the following is not true regarding ureteric calculus: (MHPGMCET 2008)
a. Severity of pain increases with size of the calculus
b. Hematuria is invariably seen in all cases
c. Pain may radiate to the anterior aspect of thigh
d. Pain may radiate to tip of the penis
Ref: Bailey 26/e p1293, 25/e p1296

35. Commonest cause of ureteric obstruction:
a. Stone
b. Clot (MHSSMCET 2006)
c. Cast
d. Carcinoma

36. LASER that can be used in treatment of ureteric calculi:
a. Holmium (MHSSMCET 2006)
b. Argon
c. Nd-Yag
d. KTP
Ref: Smith 17/e p130; Campbell 10/e p198-199, 1380-1391

37. If due to a certain pathology there is marked loss of ureter, then what is best therapeutic options: (MHSSMCET 2005)
a. Transureteroureterostomy
b. Psoas Hitch operation
c. Intestinal segment substitute
d. Boari's flap operation

38. Following is true about PCNL except: (MHSSMCET 2009)
a. Bleeding is least concerned complication
b. Involves the placement of a hollow needle into the renal colleting system through the soft tissue of the loin and the renal parenchyma
c. Perforation of the colon or pleural cavity during placement of the percutaneous track
d. Perforation of the collecting system may occur

39. Laser used in treatment of prostatic and ureter diseases:
a. Nd-Yag (MHSSMCET 2010)
b. Holmium
c. Argon
d. CO2

40. A patient is passing stones recurrently in urine for past few years. All are to be restricted in diet except:
a. Protein restriction (AIIMS Nov 2010)
b. Calcium restriction
c. Salt restricted
d. Phosphate restriction *Ref: Smith 17/e p271*

41. Locate the renal stone with pain radiating to medial side of thigh and perineum due to slipping of stone in males:
a. At pelvic brim (AIIMS June 2010)
b. Intramural opening of ureter
c. Junction of ureter and renal pelvis
d. At crossing of gonadal vessels and ureter
Ref: Smith 17/e p260-270; Campbell 10/e p1287-1293, 1371-1373; Bailey 26/e p1293, 25/e p1274, 1295-1300

42. A patient was admitted with complaints of ureteric stone. He was on treatment with IV fluids and analgesics. Suddenly he developed radiating pain to the pubic area and medial aspect of the thigh. The stone is coming down. What is the most probable site of lodgment of the stone:
a. At renal pelvis (DPG 2011)
b. At pelvic brim
c. At the level of gonadal vessels
d. Intramural portion of the ureter

43. Triad of renal colic, swelling in loin which disappears after passing urine is called: (All India 2003)
a. Kocher's triad
b. Saint's triad
c. Dietel's crisis
d. Charcot's triad *Ref: Bailey 26/e p1293, 25/e p1293*

44. Ureteric colic due to stone is caused by:
a. Stretching of renal capsule due to back pressure
b. Increased peristalsis of ureter to overcome the obstruction
c. Irritation of intramural ureter
d. Extravasation of urine (UPPG 2010, All India 2008)
Ref: Smiths urology 17/e p31

45. A patient with alkaline urine which is cloudy with plenty of pus cells is suffering from infection with: (Kerala 2004)
a. E. coli
b. Proteus
c. TB
d. None

46. Referred pain from ureteric colic is felt in the groin due to involvement of the following nerve: (All India 2003)
a. Subcostal
b. Iliohypogastric
c. Ilioinguinal
d. Genitofemoral

47. Commonest presentation of bilateral ureteric stones:
a. CRF
b. UTI (AIIMS 2001)
c. Pain
d. Hematuria

48. Most severe pain in ureteric stone is seen in cases of:
a. Oxalate stones (UPPG 2002)
b. Triple phosphate
c. Cystine stone
d. Uric acid stone *Ref: Bailey 26/e p1292, 25/e p1296*

49. Drug of choice for renal colic: (Kerala 2004)
a. Methadone
b. Pentazocine
c. Voveran
d. Piroxicam

50. Ureteric colic characterized by all except: (UPPG 2007)
a. Acute onset
b. Stillness of the patient
c. Responds to antispasmodics
d. Radiates to the groin

Ans. **34.** a. Severity of pain… **35.** a. Stone **36.** a. Holmium **37.** a. Transureteroureterostomy
38. a Bleeding is least… **39.** b. Holmium **40.** b. Calcium restriction **41.** a. At pelvic brim
42. b. At pelvic brim **43.** c. Dietl's crisis **44.** b. Increased… **45.** b. Proteus
46. b. Iliohypogastric **47.** c. Pain **48.** a. Oxalate stones **49.** c. Voveran
50. b. Stillness of

51. A lady present with unilateral hydronephrosis on USG. She is asymptomatic. Ureteropelvic drainage is normal. What is/are treatment modality for her: (PGI Dec 2008)

a. Pyloroplasty
b. Analgesia SOS
c. Under observation
d. Follow up by USG

Ref: Bailey 26/e p1289-1292, 25/e p1293-1295

52. Most common route of infection in kidney tuberculosis: (All India 2007)

a. Ascending spread
b. Hematogenous
c. Lymphatic spread
d. Direct invasion

Ref: Smith 17/e p219-225; Campbell 10/e p468-477; Bailey 26/e p1301-1303, 25/e p1306-1308

53. The most sensitive imaging modality to detect early renal tuberculosis is :

a. Intravenous urography
b. Computed tomography
c. Ultrasound
d. Magnetic resonance imaging

54. In genitourinary TB, true is: (PGI Dec 2004)

a. Sterile pyuria is consistent finding
b. AFB in early morning sample is always positive
c. MC site is pelvis
d. Commonest cause of pyelonephritis

55. Renal tuberculosis originates in the: (JIPMER 2006)

a. Renal papilla
b. Renal medulla
c. Afferent tubules
d. Efferent arteriole of glomerulus

Ref: Smith 17/e p219-225; Campbell 10/e p468-477; Bailey 26/e p1301, 25/e p1306-1308

56. "Golf-hole" ureter is seen in: (Karnataka 2007)

a. Ureteric calculus
b. Ureteral polyp
c. Tuberculosis of ureter
d. Retroperitoneal fibrosis

57. Earliest and often the only presentation of TB kidney is: (DNB 2005, 2001)

a. Increased frequency
b. Pain
c. Hematuria
d. Renal calculi

58. In a patient who was has acid-fast bacilli in the urine: (AIIMS 2008)

a. Calcification of the bladder is common
b. Bladder disease is associated with extensive renal disease
c. Ureteric involvement causes shortening of the ureters
d. Renal disease can produce changes identical to reflux nephropathy
e. Ureteric calculi are commonly present

59. Genitourinary TB in a male patient presents with: (JIPMER 2011)

a. Painful and tender epididymis
b. Bacteriuria without pyuria
c. Renal cysts (unilateral)
d. Microscopic hematuria

60. Sterile pyuria is characteristically seen in: (All India 2011)

a. Renal tuberculosis
b. Chronic Hydronephrosis
c. Wilm's Tumor
d. Neuroblastoma

61. Most common cause of emphysematous pyelonephritis: (GB Pant 2011, COMEDK 2008)

a. E. coli
b. Proteus
c. Klebsiella
d. Pseudomonas

Ref: Smith 17/e p200-201; Campbell 10/e p299-301

62. Sheela, a middle aged diabetic female presented with flank pain and fever. On U/S the kidney was irregular and showed fat density lesion with calculi. The diagnosis is most probably: (AIIMS Nov 2001)

a. TB kidney
b. Xanthogranulomatous kidney
c. Chronic pyelonephritis
d. Renal abscess

Ref: Smith 17/e p204-206; Campbell 10/e p308

63. Following is true of pyonephrosis except: (AIIMS 2008)

a. Commonly associated with renal calculi
b. Always unilateral
c. Is a complication of hydronephrosis
d. Follows acute pyelonephritis

Ref: Smith 17/e p204-206; Campbell 10/e p303-304; Bailey 26/e p1300, 25/e p1283, 1304

64. Subcapsular nephrectomy is indicated is: (PGI 2003)

a. Perinephric abscess
b. Hydronephrosis
c. Pyonephrosis
d. Solitary adenocarcinoma

Ref: P Modi, G Kadam, R Goel - Journal of Endourology, 2007

65. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be: (AIIMS May 2012)

a. WBC cast
b. Leucocyte esterase test
c. Nitrite test
d. Bacteria in Gram stain

Ref: Smith 17/e p196

66. Xanthogranulomatous pyelonephritis is often associated with infection by: (DNB 2010 ComedK 2009)

a. Proteus
b. E. coli
c. H. influenza
d. Klebsiella

Ans.
51. b, c, and d.
52. b. Hematogenous
53. b. Computed tomography
54. a. Sterile pyuria is…
55. a. Renal papilla
56. c. Tuberculosis of ureter
57. a. Increased frequency
58. b, c, and d.
59. d. Microscopic hematuria
60. a. Renal tuberculosis
61. a E. coli
62. b. Xanthogran…
63. b. Always unilateral
64. c. Pyonephrosis
65. c. Nitrite test
66. a. Proteus

67. Most common predisposing factor for chronic pyelonephritis is: (DNB 2004, 2000)

a. Diabetes mellitus
b. Renal stone
c. Posterior urethral valve
d. Vesicoureteric reflux *Ref: Bailey 25/e p1304-1305*

68. A patient presented with renal cell carcinoma invading IVC and renal vein. False statement is:

a. Pre-op biopsy is not necessary (AIIMS Nov 2001, June 2001)
b. IVC involvement indicates inoperability
c. Pre op radiotherapy is not essential
d. Chest x-ray should be done to rule out pulmonary metastasis

Ref: Smith 17/e p329-339; Campbell 10/e p1419-1491; Bailey26/e p1304-1307, 25/e p1308-1311

69. Most important prognostic indicator for renal cell carcinoma:

a. Nuclear grade (AIIMS May 2009)
b. Histological type
c. Size
d. Pathological staging

70. The treatment of choice in renal cell carcinoma with the tumor If less than 4 cm in size is: (AIIMS Nov 2004)

a. Partial nephrectomy
b. Radical nephrectomy
c. Radical nephrectomy +post operative radiotherapy
d. Radical nephrectomy + chemotherapy

71. False regarding hypernephroma is: (AIIMS Nov 2009)

a. Radiosensitive
b. Arise from cortex usually from pre existing adenoma
c. May present with rapidly developing varicocele
d. Usually adenocarcinoma

72. A 30-years old male presents with pain on the right flank and hematuria. CECT abdomen reveals a large 8 x 8cm sized solid mass in the right kidney and 3 x 3 cm solid mass occupying the upper pole of left kidney. The most appropriate surgical treatment for this patient is:

a. Bilateral radical nephrectomy (AIIMS Nov 2002)
b. Right radical nephrectomy and biopsy of the mass from opposite kidney.
c. Right radical nephrectomy and left partial nephrectomy
d. Right radical nephrectomy only

73. Ideal approach for renal malignancy is: (AIIMS 2004)

a. Transperitoneal
b. Retroperitoneal
c. Lumbar incision
d. Abdominothoracic incision

74. Renal collar to prevent spread of malignancy from kidney is put around: (JIPMER 2000)

a. Aorta
b. IVC
c. Renal vein
d. Renal artery

75. A 40-years old man presented with painless hematuria Bimanual examination revealed a ballotable mass over the right flank. Subsequently right nephrectomy was done and mass was seen to be composed of cells with clear cytoplasm. Areas of hemorrhage and necrosis were frequent. Cytogenic analysis of this mass is likely to reveal an abnormality of:

a. Chromosome 1 (All India 2004)
b. Chromosome 3
c. Chromosome 11
d. Chromosome 1

76. A patient with a suspected renal tumor/mass is diagnosed by exfoliative urinary cytology. Which of the following histological types is most likely to be diagnosed on urinary exfoliative cytology: (All India 2012)

a. Transitional cell carcinoma
b. Adenocarcinoma
c. Well differentiated carcinoma (Low grade)
d. All three type can be easily detected on exfoliative cytology

77. The commonest systemic abnormality associated with renal cell carcinoma is: (ComedK 2009)

a. Hypertension
b. Polycythemia
c. Elevated ESR
d. Pyrexia

78. A 40-years old patient with a single kidney presents with a solitary exophytic mass of 4 cm localized at its lower pole. Which amongst the following is the best recommended management option:

a. Partial nephrectomy
b. Radical nephrectomy
c. Radical nephrectomy with dialysis
d. Radical nephrectomy with immediate renal transplantation

79. Radical Nephrectomy include all of the following except:

a. Early ligation of vessels (MHSSMCET 2008)
b. Lymphadenectomy
c. Keeping fascia back in place
d. Removal of kidney including the Gerota's fascia

Ref: Smith 17/e p336; Campbell 10/e p1450

80. Renal cell carcinoma histopathologicaly showing 'perinuclear halo' and "Plant like" structure in malignant cells is seen in:

a. Clear cell tumor (PGI Dec 2000)
b. Papillary carcinoma
c. Collecting duct carcinoma
d. Chromophobe cell carcinoma

Ref: Smith 17/e p330-336; Campbell 10/e p1419-1449; Bailey 26/e p1304-1305, 25/e p1308-1311

81. Which of the following statements is true regarding kidney tumors: (PGI Dec 2001)

a. Mutated VHL gene is associated with clear cell carcinoma
b. Extreme hyperdiploidy occurs
c. Extreme hypodiploidy occurs
d. Renal papillary carcinoma has defect in chromosome 8
e. Oncocytoma has defect in chromosome 11

Ans.
67. d. Vesicoureteric reflux **68.** b. IVC involvement… **69.** d. Pathological staging **70.** a. Partial nephrectomy
71. a. Radiosensitive **72.** c. Right radical… **73.** a. Transperitoneal **74.** c. Renal vein
75. b. Chromosome 3 **76.** a. Transitional cell… **77.** c. Elevated ESR **78.** a. Partial nephrectomy
79. c. Keeping fascia… **80.** d. Chromophobe… **81.** a. and c.

82. The most common histological variant of renal cell carcinoma is: (AIIMS Nov 2005)
a. Clear cell type
b. Chromophobe type
c. Papillary type
d. Tubular type

83. Unilateral hydronephrosis is due to: (AMC 2008)
a. Bladder neck contracture
b. Stricture urethra
c. Carcinoma of prostate
d. Ureterocele

84. Chromophobe variant to renal cell carcinoma is associated with: (All India 2010)
a. VHL gene mutations
b. Trisomy of 7 and 17 (+7, +17)
c. 3 p deletions (3 p-)
d. Monosomy of 1 and Y (-1, -Y)

Ref: Smith 17/e p330-336; Campbell 10/e p1419-1449; Bailey 25/e p1308-1311

85. Bilateral renal cell carcinoma is seen in: (COMEDK 2008)
a. Eagle-Barett's syndrome
b. Beckwith-Weidman syndrome
c. Von-Hippel Lindau (VHL) syndrome
d. Bilateral angiomyolipoma

86. Most common site of origin of RCC: (MHSSMCET 2008)
a. PCT
b. DCT
c. Collecting ducts
d. Loop of Henle

Ref: Smith 17/e p330-336; Campbell 10/e p1419-1449; Bailey 25/e p1308-1311

87. Regarding angiomyolipoma of kidney, what is incorrect: (AIIMS Nov 2003)
a. Pain in the loin
b. Presents with hypertension
c. Bleeding is self limited
d. Nephrectomy is the treatment of choice

Ref: Smith 17/e p328-329; Campbell 10/e p1498-1501, 9/e p1578-1580; Bailey 26/e p1303, 25/e p1308

88. Central stellate scar on CT scans are seen in: (COMEDK 2008)
a. Renal hemangioma
b. Renal oncocytoma
c. Wilm's tumour
d. Papillomas

Ref: Smith 17/e p328; Campbell 10/e p1496-1498, 9/e p1577-1578

89. All can be seen in hypernephroma, except: (AIIMS Nov 2003)
a. Polycythemia
b. Renal vein thrombosis
c. Hypertension
d. Hematuria

Ref: Smith 17/e p329-339; Campbell 10/e p1419-1491; Bailey 26/e p1304-1307, 25/e p1308-1311

90. Not correct regarding renal cell carcinoma: (AIIMS 2009)
a. May be associated with varicocele
b. May invade renal vein
c. More common in female
d. Arises from proximal convoluted tubule

91. Most common site for secondary metastasis in a case of hypernephroma: (AIIMS Feb 2001)
a. Adrenal
b. Lungs
c. Brain
d. Bones

92. Painless gross hematuria occurs in: (All India 2004)
a. Renal cell carcinoma
b. Polycystic kidney
c. Stricture of urethra
d. Wilm's tumor

93. In renal cell carcinoma, which is true: (JIPMER 2000)
a. Hypercalcemia
b. Polycythemia
c. Cushing syndrome
d. All

94. Cannon ball deposits seen in the lungs are characteristic of: (DNB 2003)
a. Seminoma testis
b. Carcinoid
c. Hypernephroma
d. Pheochromocytona

95. All are features of hypernephroma except: (HPU 2005)
a. Persistent pyrexia
b. Hematuria
c. Polycythemia
d. Lower pole involvement

96. All are true about renal cell carcinoma except: (DPG 2006)
a. Invasion of renal vein means inoperability
b. Presents with abdominal pain, hematuria
c. Arises from tubular epithelium
d. More common in males

97. Regarding RCC all are true except: (DPG 2005)
a. Renal lump, pain abdomen, hematuria
b. Associated with anemia and low ESR
c. Propensity to invade IVC
d. Invasion of renal vein is contraindication for surgery

98. Not correct regarding renal cell carcinoma:
a. May be associated with varicocele
b. May invade renal vein
c. More common in female
d. Arises from proximal convoluted tubule

99. All can be seen in hypernephroma, except: (AIIMS Nov 2003)
a. Polycythemia
b. Renal vein thrombosis
c. Hypertension
d. Hematuria

Ans.	**82.** a. Clear cell type	**83.** d. Ureterocele	**84.** d. Monosomy of…	**85.** c. Von-Hippel Lindau…
	86. a. PCT	**87.** c. and d.	**88.** b. Renal oncocytoma	**89.** None
	90. c. More common…	**91.** b. Lungs	**92.** a. Renal cell carcinoma	**93.** d. All
	94. a. and c	**95.** d. Lower pole…	**96.** a. Invasion of renal vein…	**97.** b. and d.
	98. c. More common…	**99.** None		

100. Paraneoplastic syndrome associated with RCC are all of the following except:
a. Polycythemia
b. Hypercalcemia
c. Malignant hypertension
d. Cushing syndrome

101. Most common presentation of renal adenocarcinoma: (ComedK 2005)
a. Hematuria
b. Local pain
c. Mass
d. Fever

102. Commonest manifestation of Grawitz's tumor in male: (MHPGMCET 2009)
a. Secondary deposits
b. Pathological fracture
c. Hematuria
d. Rapidly developing varicocele

103. Inadvertent surgical injury of the ureter leads to: (PGI 2009)
a. Complete renal atrophy
b. Hematuria
c. Renal failure
d. Hydronephrosis
e. Hypertension

Ref: Smith 17/e p287-288; Bailey 26/e p1286-1289, 25/e p1292-1293

104. Commonest cause of ureteric injury during surgical operation is: (UPPG 2007, 2006)
a. Abdominaoperineal resection
b. Hysterectomy
c. Prostatectomy
d. Colectomy

105. Commonest presentation of Wilm's tumour is: (AIIMS 2005)
a. Hematuria
b. Abdominal lump
c. Hydronephrosis
d. Pain in abdomen

Ref: Devita 9/e p1766-1769; Nelson 18/e p2140; Smith 17/e p339-343; Campbell 10/e p3714-3722; Bailey 26/e p1304, 25/e p1308

106. True regarding Wilm's tumour is: (AIIMS Nov 2004)
a. Bone metastasis
b. Always unilateral
c. Very commonly metastasize to liver
d. Worst prognosis among infants

107. The most important determinant of prognosis in Wilm's tumor is: (All India 2006)
a. Stage of disease
b. Loss of heterozygosity of chromosome 1p
c. Histology
d. Age less than 1 year at presentation

108. The ideal timing of radiotherapy for Wilm's tumor after surgery is: (All India 2006)
a. Within 10 days
b. Within 2 weeks
c. Within 2 months
d. Any time after surgery

109. Neuroblastoma differs from Wilm's tumor radiologically by all except: (AIIMS June 2001)
a. Calcification
b. Aorta and IVC are not eroded but pushed aside
c. Same location
d. Intraspinal extension of tumor

110. Earliest symptom of Wilm's tumour: (JIPMER 2004)
a. Hematuria
b. Pyrexia
c. Abdominal mass
d. Metastases

111. The triad of Wilm's tumour is: (PGI 2007)
a. Hematuria
b. Mass abdomen
c. Pain
d. Fever
e. Weight loss

112. All are true about Wilm's tumour except: (All India 2001)
a. Fever and weakness are clinical features
b. Arises from primitive cells
c. Hematuria almost always present
d. It presents as abdominal mass

113. Good prognosis in Wilm's tumour is seen in: (Punjab 2008)
a. 2-5 years
b. Less than 1 year
c. Male child
d. Female child

114. All are true regarding Wilm's tumour except: (AIIMS 2007)
a. Pre-operative use of Actinomycin D
b. Post-operative radiotherapy
c. Good prognosis in infants
d. Neuroblastoma is the commonest differential diagnosis

115. Commonest site of metastasis of Wilm's tumour is: (AIIMS 2004)
a. Bones
b. Lungs
c. Liver
d. Brain

116. Which of the following is the post-chemotherapy based staging system in Wilm's tumor: (All India 2009)
a. National Wilm's tumor staging system (NWTSG)
b. International society of Pediatric Oncology (SIOP)
c. AJCC TNM
d. Chadwick

Ref: Devita's 8/e p2051, Schwartz 8/e p1509

117. All are associated with Wilm's tumor except: (AIIMS Feb 2001)
a. Aniridia
b. Male pseudo hermaphrodite
c. Arthogryposis multiplex congenita
d. Hemihypertrophy

Ans.
100. None, d. Cushing…
101. a. Hematuria
102. c. Hematuria
103. a. and d.
104. b. Hysterectomy
105. b. Abdominal lump
106. a. Bone metastasis
107. c. Histology
108. a. Within 10 days
109. c. Same location
110. c. Abdominal mass
111. a, b, and d.
112. c. Hematuria almost…
113. b. Less than 1 year
114. a. Pre-operative…
115. b. Lungs
116. b. International…
117. c. Arthogryposis …

118. Which of the following is the treatment of choice for stage I Wilm's tumor: (All India 2012)

a. Laparoscopic nephrectomy
b. Open nephroureterectomy
c. Chemotherapy
d. Observation *Ref: Sabiston 18/e p2082*

119. Which of the following is true about renal trauma:

a. Urgent IVP is indicated (All India 2008)
b. Exploration of the kidney to be done in all cases
c. Lumbar approach to kidney is preferred
d. Renal artery aneurysm is common

Ans. a. Urgent IVP is indicated

Ref: Smith 17/e p281-286; Campbell 10/e p1169-1178; Bailey 26/e p1286-1288, 25/e p1290-1291

120. All except one are correct regarding renal trauma:

a. Observation is best (AIIMS June 2008)
b. IVP is indicated
c. Exploration indicated in all cases
d. Hematuria is a cardinal sign

121. Which does not happen in unilateral renal trauma:

a. Hypertension
b. Uremia (AIIMS 2009)
c. Clot formation
d. Perinephric hematoma

122. After RTA, a young male presented with non-pulsatile retroperitoneal hematoma. On table IVU was done. Right kidney was not visualized. Left kidney showed immediate excretion of dye. What is next stap in the management:

a. Nephrectomy (AIIMS Nov 2011)
b. Open Gerotas fascia and explore proximal renal vessels
c. Perform retrograde pyelography
d. Perform on table angiography

Ref: Smith 17/e p285; Campbell 10/e p1172-1174

123. Renal trauma is best treated by: (UPSC 2001)

a. Observation and supportive measures
b. Early drainage of perirenal hematoma
c. Heminephrectomy
d. Nephrostomy

124. Forty eight after sustaining a blunt abdominal injury, a 15-years old by presents with hematuria and pain in the left side of abdomen. On examination, he has a pulse rate of 96/minute with a BP of 110/70 mmHg. His Hb is 10.8 gm% with a PCV of 31%. Abdominal examination revealed tenderness in left lumbar region but no palpable mass. The most appropriate investigation to diagnose and find the extent of renal injury would be: (UPSC 2005)

a. Sonographic evaluation of abdomen
b. Intravenous pyelography
c. Contrast enhanced computed tomography
d. MR urography

125. What percent of cases with injury to kidney require surgical exploration: (MAHE 2008)

a. 20%
b. 90%
c. 50%
d. 70% *Ref: Smith 17/e p286*

126. During renal rupture the nephrectomy is not attempted until:

a. Fluid replacement (UPPG 2010)
b. Antibiotics covers
c. Contralateral renal function is ascertained
d. Renal angiogram

127. In renal trauma, which statement is not correct:

a. Exploration is indicated in 90% of cases (Orissa 2011)
b. Hematuria is a cardinal sign
c. Transperitoneal approach is preferred
d. IVP is urgently indicated

128. Number of grades of blunt trauma kidney by C.T. scan are:

a. 3
b. 4 (Orissa 2011)
c. 5
d. 6

129. Absolute indication for surgical exploration after renal trauma: (MHSSMCET 2008)

a. Hematuria
b. Pulsatile hematoma
c. Cortical renal contusion
d. Delayed arterial injury

130. A 25-years old male presents to emergency with history of road traffic accident two hours ago. The patient is hemodynamically stable. Abdomen is soft. On catheterization of the bladder, hematuria is noticed. The next step in the management should be: (AIIMS Nov 2004)

a. Immediate laparotomy
b. Retrograde cystouretherography (RGU)
c. Diagnostic peritoneal lavage (DPL)
d. Contrast enhanced computed tomography (CECT) of abdomen

131. Commonest type of cancer of the renal pelvis and upper ureter is: (NIMHANS 2002)

a. Transitional cell carcinoma
b. Adenocarcinoma
c. Squamous cell carcinoma
d. Nephroblastoma

Ref: Smith 17/e p320-323; Oxford Handbook of Urology 2nd/244-245; Campbell 10/e p1516-1524; Bailey 25/e p1311

132. Epidermoid carcinoma of renal pelvis is usually associated with: (Karnataka 2003)

a. Multiple papillomas
b. Pelvic calculus
c. Tuberculosis of kidney
d. Filariasis

Ans.	**118.**	b. Open…	**119.**	a. Urgent…	**120.**	c. Exploration indicated…	**121.**	b. Uremia
	122.	b. Open Gerota's…	**123.**	a. Observation and…	**124.**	c. Contrast…	**125.**	a. 20%
	126.	c. Contralateral renal…	**127.**	a. Exploration is indicated…	**128.**	c. 5	**129.**	b. Pulsatile hematoma
	130.	d. CECT abdomen	**131.**	a. Transitional cell…	**132.**	b. Pelvic calculus		

133. 'Stipple sign' in transitional cell carcinoma of the renal collecting system is best demonstrated by: (ComedK 2009)
a. Intravenous urography
b. Retrograde pyeloureterography
c. Radionuclide scan
d. Ultrasound scan

Ref: Smith 17/e p320-323; Oxford Handbook of Urology 2nd/244-245; Campbell 10/e p1516-1524; Bailey 26/e p1307, 25/e p1311

134. Nephroureterectomy is indicated in: (DNB 2011)
a. Renal cell carcinoma
b. Chronic pyelonephritis
c. Polycystic kidney disease
d. Transitional carcinoma of the pelvis extending till ureter

135. All of the following are features of adult polycystic kidney disease except: (ComedK 2005)
a. Autosomal recessive trait
b. Present as renal mass
c. Haematuria
d. Renal failure

Ref: Smith 17/e p507-510; Campbell 10/e p3170-3176; Bailey 26/e p1283-1284, 25/e p1286-1287

136. Polycystic kidney disease is associated with all of the following except: (ComedK 2010)
a. Cerebral aneurysms
b. Mitral valve prolapsed
c. Renal cell carcinoma
d. Hepatic cysts

137. Not true about polycystic kidney disease is:
a. Autosomal dominant (AIIMS Nov 2007)
b. Proteinuria <2 gm/day
c. Leads to CRF
d. Decompression of cyst leads to normal renal function

138. In adult polycystic kidney, all are true except:
a. Hypertension is rare (AIIMS June 2001)
b. Hematuria is a common symptom
c. Cysts are seen in liver spleen and pancreas
d. Autosomal dominant transmission is seen

139. True of autosomal dominant polycystic kidney disease I and II respectively: (PGI June 2002)
a. Chromosomes 16 and 5
b. 16 and 4
c. 11 and 5
d. 11 and 4
e. 4 and 5

140. Polycystic kidneys can be associated with: (PGI 2004)
a. Cysts in liver lungs
b. Coarctation of aorta
c. Berry aneurysms
d. All

141. Bilateral spider leg appearance of kidney in IVP is seen in:
a. Hydronephrosis (All India 2005)
b. Polycystic kidney
c. Medullary sponge kidney
d. Renal cell carcinoma

142. Polycystic kidney may be associated with cyst in all the sites except: (All India 2001)
a. Lung
b. Liver
c. Pancreas
d. Brain

143. Treatment of choice in polycystic kidney is: (Kerala 2000)
a. Removal of cyst
b. Nephrectomy
c. Dialysis
d. Renal transplant

144. The incidence of liver cysts in childhood polycystic kidney disease is: (All India 2003)
a. 5%
b. 10%
c. 18%
d. 50%

145. A 60-years old male with poor stream of urine, post void residual urine is 400 ml, bilateral hydronephrosis and prostate weighing 70g. His urea is 120 and creatinine 3.5. Ideal "next immediate" step: (AIIMS Nov 2010)
a. Catheterize with Foley catheter
b. Bilateral PC nephrostomies
c. CT to rule out carcinoma
d. MRI pelvis

Ref: Bailey 25/e p1316, 1349; CSDT 13/e p922

146. "Spider leg" deformity in excretory urogram occurs in:
a. Hydronephrosis (MCI March 2010, UPPG 2007)
b. Polycystic kidney
c. Ureterocele
d. Renal agenesis

147. The typical appearance of "spider leg" on excretory urography is seen in: (UPSC 2008)
a. Hydronephrosis
b. Polycystic kidney
c. Medullary sponge kidney
d. Renal cell carcinoma

148. All are true about polycystic kidney except: (UPPG 2009)
a. Inherited as autosomal recessive
b. Hypertension and hematuria are common symptoms
c. Spider leg deformity
d. Associated with cysts in the liver and spleen

149. Adult polycystic kidney is inherited as: (All India 2004)
a. Autosomal-co-dominant
b. Autosomal dominant
c. Autosomal recessive
d. X-linked dominant

Ans.
133. b. Retrograde… **134.** d. Transitional… **135.** a. Autosomal recessive… **136.** c. Renal cell…
137. d. Decompression… **138.** a. Hypertension is rare **139.** b. 16 and 4 **140.** a. and c.
141. b. Polycystic kidney **142.** d. Brain **143.** d. Renal transplant **144.** d. 50%
145. a. Catheterize… **146.** b. Polycystic kidney **147.** b. Polycystic kidney **148.** a. Inherited as…
149. b. Autosomal…

150. True about adult polycystic kidney disease is all except: (AIIMS 2001)
a. Autosomal dominant inheritance
b. Hypertension is rare
c. Can be associated with cysts in liver, lungs and pancreas
d. Pyelonephritis is common

151. Which of the following is associated with adult polycystic kidney disease:
a. Berry aneurysm in circle of Willis
b. Saccular aneurysms of aorta
c. Fusiform aneurysms of aorta
d. Leutic aneurysms

152. Which of the following is the common extra-renal involvement in autosomal dominant polycystic kidney disease: (AIIMS Nov 2004)
a. Mitral valve prolapse
b. Hepatic cysts
c. Splenic cysts
d. Colonic diverticulosis

153. Which one of the following statements is wrong regarding adult polycystic kidney disease: (AIIMS May 2004)
a. Kidneys are enlarged in size
b. The presentation is unilateral
c. Intracranial aneurysms may be associated
d. Typically manifests in the 3rd decade

154. All of the following are true about childhood polycystic kidney disease, except:
a. Autosomal dominant
b. Pulmonary hypoplasia may be seen
c. Renal cysts are present at birth
d. Congenital hepatic fibrosis may be seen

Ref: Campbell 10/e p3167-3170; Bailey 26/e p1284, 25/e p1288

155. Cobra head appearance on excretory urography is suggestive of: (MCI March 2010)
a. Horseshoe kidney
b. Duplication of renal pelvis
c. Simple cyst of kidney
d. Ureterocele

Ref: Smith 17/e p560-561; Campbell 10/e p3240-3259; Bailey 26/e p1286, 25/e p1290

156. Adder head appearance is seen in: (DPG 2007)
a. Ureterocele
b. CA Bladder
c. Tuberculosis
d. Schistosomiasis

157. Treatment of choice for ureterocele: (MHSSMCET 2009)
a. DJ stent
b. Laparoscopic repair
c. LASER ablation
d. Endoscopic diathermy

158. Hydronephrosis due to obstruction of ureter is best diagnosed by: (MHPGMCET 2008)
a. IVU
b. Radioisotope scan
c. Retrograde pyelography
d. Whitaker test

159. Adder head appearance on IVP is/are seen in: (PGI Nov 2011)
a. Polycystic kidney
b. Ureterocele
c. Horse-shoe kidney
d. Hydronephrosis
e. Ectopic ureter

160. Cobra head deformity in the lower end of ureter is seen in:
a. Ureterocele
b. Vesicle diverticula
c. Carcinoma of urinary bladder
d. Urethral stricture

161. A 3-years old girl presents with recurrent UTI. On USG shows hydronephrosis with filling defect and negative shadow of bladder with no ectopic orifice: (UPPG 2004)
a. Vesicoureteric reflux
b. Hydronephrosis
c. Ureterocele
d. Sacrococcygeal teratoma

162. Which is false of Horse shoe kidney: (AIIMS 2007)
a. Spider like appearance in IVP
b. Ureteral obstruction common
c. Lower calyx is reversed
d. Heminephrectomy improves function

Ref: Smith 17/e p512-515; Campbell 10/e p3145-3149; Bailey 26/e p1282-1283, 25/e p1286

163. Isthmus of horses is located at what level:
a. L1-L2 vertebra
b. L3-L4 vertebra
C. L4-L5 vertebra
d. L2-L3 vertebra

164. "Hand joining sign" and 'Flower vase' pattern of uteters is characteristic of:
a. Sigmoid kidney
b. Horseshoe kidney
c. Crossed ectopia
d. L-shaped kidney

165. With regard to horse-shoe kidneys, true is:
a. Usually symptomatic
b. Most cases require surgery
c. Division of isthmus is usually required to ensure adequate dependent drainage
d. Isthmus may contain aberrant vessels

166. Not true about congenital PUJ obstruction is: (AIIMS Nov 2001)
a. Can be associated with renal agenesis
b. Can be diagnosed antenatally
c. Bilateral in 10-15% of cases
d. Aberrant vessel is the most common cause

Ref: Smith 17/e p565-568; Campbell 10/e p3214-3222; Bailey 26/e p1290-1292, 25/e p1293-1295

Ans.
150. b. Hypertension… **151.** a. Berry aneurysm… **152.** b. Hepatic cyst **153.** b. The presentation…
154. a. Autosomal… **155.** d. Ureterocele **156.** a. Ureterocele **157.** d. Endoscopic diathermy
158. b. Radioisotope scan **159.** b. Ureterocele **160.** a. Ureterocele **161.** c. Ureterocele
162. a. and d. **163.** b. L3-L4 vertebra **164.** b. Horseshoe kidney **165.** d. Isthmus may contain…
166. d. Aberrant vessel is the…

167. All are true in PUJO except:
a. Commoner in boys
b. Bilateral lesions occur in 10-40%
c. Right sided lesions predominate
d. Intrinsic lesions predominate

168. Most infants and children with PUJO present with:
a. Pain (GB Pant 2008)
b. Hematuria
c. Painless abdominal mass
d. Renal failure

169. Best management for a symptomatic 6 years male with PUJ obstruction: (GB Pant 2010)
a. Endopyelotomy
b. Foley V-Y pyeloplasty
c. Dismembered pyeloplasty
d. Wait and watch

170. Investigation of choice for documentation of obstructive nature of pelvicalyceal system dilatation:
a. IVP
b. DTPA scan
c. Whittaker test
d. Ultrasound

171. Not true about PUJ obstruction is: (AIIMS Nov 2001)
a. Retrograde pyelography is useful to locate the site of obstruction
b. Endoscopic pyelotomy is contraindicated
c. Whittakar test is of clinical significance
d. Dismembered pyeloplasty is the procedure of choice

172. Distention of abdomen with passage of large amount of urine is known as: (MHPGMCET 2001)
a. Dietl's crisis
b. Anderson-Hynes crises
c. Meteriorism
d. Strangury

173. Spider leg appearance in IVP is suggestive of:
a. Renal cyst (AP 2004)
b. Renal carcinoma
c. Renal Tb
d. Hydronephrosis
e. Chronic renal failure

Ref: Smith 17/e p510-512; Campbell 10/e p3188-3189, 9/e p1575; Bailey 26/e p1284, 25/e p1288

174. Which of the following is the most common renal cystic disease in infants is:
a. Polycystic kidney
b. Simple renal cyst
c. Unilateral renal dysplasia
d. Calyceal cyst

Ref: Smith 17/e p510-512; Campbell 10/e p3188-3189, 9/e p1575

175. Potter facies and oligohydromnios are pathognomic of:
a. Bilateral renal agenesis
b. Unilateral renal agenesis
c. bilateral renal disease
d. Unilateral cystic disease

Ref: Smith 17/e p506; Campbell 10/e p3128-3134; Bailey 26/e p1282, 25/e p1285

176. Potter's facies is characterized by:
a. Hyperteleorism
b. Prominet inner canthus
c. Recessive chin
d. Low set ears
e. All are true

177. A symptom of medullary sponge kidney disease is:
a. Nocturia
b. Anemia (All India 2005)
c. Azotemia
d. UTI *Ref: Smith 17/e p515; Campbell 10/e p3191-3192*

178. Which of the following is the most common renal vascular anomaly: (All India 2010)
a. Supernumerary renal arteries
b. Supernumerary renal veins
c. Double renal arteries
d. Double renal veins *Ref: Campbell's 10/e p26*

179. Renal collar which surrounds the aorta has its two limbs split by: (All India 99)
a. Left renal vein
b. Left renal artery
c. Isthmus of horseshoe kidney
d. All of the above *Ref: Smith 17/e p515*

180. Persistent fetal lobulation of adult kidney is due to:
a. Congenital renal defect (AIIMS Nov 2007)
b. Obstructive uropathy
c. Intrauterine infections and scar
d. Is a normal variant

Ref: www.ajronline.org/content/188/5/1380.full

181. Incidence of Renal ectopia is: (All India 2004)
a. 1:100000
b. 1:75000
c. 1:10,000
d. 1:1000 *Ref: Campbell 10/e p3136*

182. 'Reverse J' deformity on IVP is seen in:
a. Congenital megaureter
b. Ureterocele
c. Retrocaval ureter
d. VUR

Ref: Smith 17/e p563; Campbell 10/e p1147-1149; Bailey 26/e p1286, 25/e p1290

183. Aberrant renal artery, all true except:
a. More common in women
b. Usually towards left
c. May cause hydronephrosis
d. Usually divided to gain access to renal pelvis

Ref: Smith 17/e p515; Bailey 26/e p1285, 25/e p1288

Ans.
167. c. Right sided…
168. c. Painless abdominal mass
169. c. Dismembered…
170. b. DTPA scan
171. b. Endoscopic…
172. a. Dietl's crisis
173. a. Renal cyst
174. a. Polycystic kidney
175. a. Bilateral renal…
176. e. All are true
177. d. UTI
178. a. Supernumerary…
179. a. Left renal vein
180. d. Is a normal variant
181. d. 1:1000
182. c. Retrocaval Ureter
183. d. Usually divided to gain…

184. All are true of aberrant renal artery except: (PGI 2003)
a. Bilateral
b. Leads to hydronephrosis
c. Common in females
d. More common on left side

185. An absent kidney is found in: (AMU 2005)
a. 1:200 individuals
b. 1:700 individuals
c. 1:1400 individuals
d. 1:5000 individuals *Ref: Campbell 10/e p3128*

186. Medullary cystic disease of the kidney is best diagnosed by:
a. Ultrasound
b. Nuclear scan
c. Urograph
d. Biopsy *Ref: Campbell 10/e p3176-3177*

187. First autologous renal transplantation was done:
a. Hardy
b. Kavosis (All India 2010)
c. Higgins
d. Studor *Ref: Campbell 10/e p1228*

188. All of the following statements are correct about renal transplantation except: (AIIMS Nov 2004)
a. Renal transplantation is heterotopic
b. Cyclosporine is the mainstay of immuno-suppression
c. In India, organ harvesting from brain dead patients is not permitted by law
d. Kidney after removal is flushed with cold perfusion solution
Ref: Bailey 25/e p1417-1421

189. After renal transplant, the commonest malignancy is:
a. Lymphoma (AIIMS June 2002)
b. Renal cell carcinoma
c. Skin cancer
d. Adrenal cancer *Ref: Bailey 26/e p1416-1417, 25/e p1416*

190. Not true about right kidney is: (DNB 2003, AIIMS June 2001)
a. Right kidney is preferred over the left for transplantation
b. It is lower than the left kidney
c. Right renal vein is shorter than the left
d. Right kidney is related to the duodenum
Ref: Bailey 26/e p1420, 25/e p1420

191. After renal transplantation, which drug is given:
a. Cyclophosphamide (PGI June 2006)
b. Corticosteroids
c. Interferon
d. Cyclosporine *Ref: Bailey 26/e p1415, 25/e p1415*

192. Ureters are identified during surgery by: (AIIMS 2006)
a. Peristalsis due to flow of urine
b. Rich arterial plexus
c. Relation to renal vein and artery
d. Relation to lumbar plexus *Ref: Oxford Urology 6th/2123*

193. All of the following structures cross the right ureter anatomically except: (All India 2012)
a. Terminal ileum
b. Vas deferens
c. Genitofemoral nerve
d. Right colic and ileocolic vessels *Ref: BDC 5/e p325, 326*

194. Ureteric construction is seen at all the following positions, except: (All India 2002)
a. Ureteropelvic junction
b. Ureterovesicle junction
c. Crossing of iliac artery
d. Ischial spine *Ref: Snell's 7/e p284, 382*

195. The narrowest part of the ureter is at the: (AIIMS Nov 2005)
a. Uretero-pelvic junction
b. Iliac vessel crossing
c. Pelvic ureter
d. Uretero-vesicle junction

196. All the following are true regarding blood supply to the kidney, except: (All India 2002)
a. Stellate veins drain superficial zone
b. It is a type of portal-circulation
c. The renal artery divides into five segmental arteries before entering the hilum
d. Its segmental arteries are end-arteries
Ref: Snell's 7/e p283

197. The commonest site of surgical uretero-vaginal fistula is:
a. Below infudibulopelvic ligament (PGI 2009)
b. Below uterine artery in the Mackenrodts ligament
c. Vaginal angle
d. Above uterine artery *Ref: Keith and Moore 4/e p374, 384*

198. True about ureter is: (AIIMS 2000)
a. Gonadal vessels lie anterior to it
b. It lies in front of great vessels
c. About 50 cm long
d. Nerve supply from T8-T10
e. Internal iliac artery *Ref: Keith and Moore 4/e p281*

199. What is column of Bertini in kidney: (APPG 2008)
a. Renal tumour
b. Tongue like papillary projection
c. Calculus
d. None

200. Ureter is diagnosed during operation by: (All India 2001)
a. Venous plexus
b. High arterial supply
c. Peristaltic movements
d. Circumference

201. The resting ureteric pressure: (PGI June 2000)
a. 5-7 cm of H2O
b. 15-30 cm of H2O
c. 7-10 cm of H20
d. 0-5 cm of H2O

202. Left loin nephrectomy, structure not cut is: (PGI Dec 2008)
a. Trapezius
b. Serratus inferior posterior
c. Latissimus Dorsi
d. Internal oblique *Ref: Smith 17/e p145-146*

Ans. **184.** a. Bilateral **185.** c. 1:1400 individuals **186.** d. Biopsy **187.** a. Hardy
188. c. In India, organ… **189.** c. Skin cancer **190.** a. Right kidney is… **191.** b. and d.
192. a. Peristalsis due… **193.** c. Genitofemoral nerve **194.** d. Ischial spine **195.** d. Uretero-vesicle…
196. b. It is a type of… **197.** b. Below uterine artery… **198.** a. Gonadal vessels lie… **199.** b. Tongue like…
200. c. Peristaltic… **201.** d. 0-5 cm of H2O **202.** a. Trapezius

203. Urinary ascites is due to: (PGI Dec 2006)
a. Injury to bladder during birth
b. Ureteric obstruction
c. Congenital urethral atresia
d. Urethral valves *Ref: Campbell's 10/e p3394*

204. Unilateral small smooth kidney is seen in: (Karnataka 2003)
a. Reflux nephropathy
b. Lobar infarction
c. Renal artery stenosis
d. Chronic glomerulonephritis

205. The neonatal kidney achieves concentrating ability equivalent to adult's kidney by:
a. One year of age
b. Eighteen months of age
c. Three to six months of age
d. Just before puberty

206. Ectopic ureter opening is not located in:
a. Bulbar urethra (MAHE 2005)
b. Prostatic urethra
c. Seminal vesicle
d. Bladder neck

Ref: Smith 17/e p559; Campbell 10/e p3385-3387, 3407-3408; Bailey 26/e p1285-1286, 25/e p1288-1290

207. Most common congenital anomaly of the upper renal tract is:
a. Duplication of renal pelvis (JIPMER)
b. Duplication of ureter
c. Ectopic ureteric orifice
d. Congenital megaureter

208. A 9-years old boy presented with abdominal pain and recurrent UTI, IVP reveals duplication of left ureter. The most likely site of ectopic opening would be:
a. Prostatic urethra (All India 2004)
b. Ejaculatory duct
c. Seminal vesicle
d. Vas-deference

Ref: Smith 17/e p562-563; Campbell 10/e p3385-3387, 3407-3408; Bailey 26/e p1285-1286, 25/e p1288-1290

209. Ectopic ureter may be frequently associated with:
a. Oliguria
b. Dysuria (AMU 2007)
c. Bilateral hydroureter
d. Paradoxical incontinence

210. True statement about duplex draining system of urinary tract are all except: (Punjab 2007)
a. It is most common anomaly of the upper urinary tract.
b. Upper moiety drains lower in the bladder
c. Lower pole moiety is more prone to obstruction and upper pole more prone to reflux.
d. Yo-Yo Reflux may occur if ureters get fused

211. Weigert-Meyer's rule applies to:
a. Fusional anomalies
b. Renal dysplasia
c. Polycystic kidney disease
d. Ureteral duplications

212. In a patient with complete ureteral duplication, the opening of ureter draining the upper pole of the kidney is:
a. Above and medial to the lower pole ureter
b. Above and lateral to the lower pole ureter
c. Below and medial to the lower pole ureter
d. Below and lateral to the lower pole ureter
e. Always lateral to lower pole ureter

213. In the male, the most common site of termination of the ectopic ureter is the:
a. Posterior urethra
b. Anterior urethra
c. Seminal vesicles
d. Vas deference

214. In the female, the most common site of termination of the ectopic ureter is the:
a. Vestibule
b. Fallopian tube
c. Ovary
d. Uterus

215. Presentation and evaluation of ectopic ureter, all are true except:
a. In males there is duplication in 80% of cases
b. Can present as abdominal mass or HDN on antenatal USG
c. IVP will usually show a functioning but dilated upper pole segment and identify the site of ureteral opening
d. The lower pole is seen as the classic 'drooping lily' sign

216. Classic symptom of ectopic ureter in females:
a. Painful defecation
b. Urinary frequency
c. Ureteral incontinence with otherwise normal voiding
d. Labial swelling

217. MC presentation of ectopic ureter in males:
a. Recurrent UTI
b. Epididymitis
c. Pelvic pain
d. Seminal vesicle infections

218. In case of vesicoureteric reflux which will be investigation of choice: (AIIMS Nov 2008)
a. Micturating cystourethrogram
b. IVP
c. Cystography
d. Radionuclide study

Ref: Smith 17/e p179-191; Oxford Handbook of Urology 2nd/384-385; Campbell 10/e p3267-3293

219. In a patient suspected to be suffering from vesicoureteric reflex, which one of the following radiological investigations may confirm the diagnosis: (UPSC 2007)
a. Intravenous urography
b. Micturating cystourethrography
c. Pelvic ultrasound
d. Antegrade pyelography

Ans.
203. d. Urethral valves
204. c. Renal artery stenosis
205. a. One year of age
206. a. Bulbar urethra
207. a. Duplication of…
208. a. Prostatic urethra
209. d. Paradoxical…
210. c. Lower pole moiety is more…
211. d. Ureteral…
212. c. Below and medial…
213. a. Posterior urethra
214. a. Vestibule
215. a. In males, there is…
216. c. Ureteral incontinence…
217. a. Recurrent UTI
218. a. Micturating…
219. b. Micturating…

220. Reflux filling the pelvicalyceal system without dilatation:
a. I
b. II
c. IV
d. IV

221. Spontaneous resolution of VUR depends on:
a. Grade of reflux
b. Age of presentation
c. Both
d. None

222. Treatment of choice for grade IV vesicoureteric reflux with recurrent UTI: (AIIMS June 2000)
a. Cotrimoxazole
b. Bilateral reimplantation of ureter
c. Injection of collagen in the ureter
d. Endoscopic resection of ureter

223. Which of the following statements is true of primary grade IV-V vesicoureteric reflux in young children:
a. Renal scarring usually begins in the midpolar regions
b. Postnatal scarring may occur even in the absence of urinary tract infections (AIIMS May 2006)
c. Long-term outcome is comparable in patients treated with either antibiotic prophylaxis or surgery
d. Oral amoxicillin is the choice antibiotic for prophylaxis

224. The most common cause of renal scarring in a 3-years old child is:
a. Trauma
b. Tuberculosis
c. VUR induced pyelonephritis
d. Interstitial nephritis

225. Features of hepatorenal syndrome are: (PGI June 2006)
a. Urine sodium <10 meq/L
b. Normal renal histology
c. Renal functional abnormal even after liver become normal
d. Proteinuria

Ref: Sabiston 19/e p585; Blumgart 5/e p389; Schackelford 7/e p1449, 1527; Harrison 18/e p2601; wilkepedia.org

226. Which of the following statements are incorrect with regard to hepatorenal syndrome in a patient with cirrhosis:
a. Creatinine clearance 40 ml/min (All India 2003)
b. Urinary sodium <10 mEq/L
c. Urine osmolality lower than plasma osmolality
d. No sustained improvement in renal function after volume expansion

227. Which of the following statement is incorrect with regard to hepatorenal syndrome in a patient with cirrhosis:
a. The creatinine clearance is >40 ml/min
b. The urinary sodium is <10 mmol/L
c. The urine osmolality is lower than the plasma osmolality
d. There is poor response to volume expansion

228. The risk of rupture in renal artery aneurysms is:
a. Less than 1%
b. 5% (AMU 2007)
c. 20%
d. 75%
e. None of the above

Ref: Smith 17/e p515-516; Campbell 10/e p1078-1080; Bailey 26/e p1288, 25/e p1292

229. The following are the complications of hemodialysis except: (JIPMER 2004)
a. Hypotension
b. Peritonitis
c. Hypertension
d. Bleeding tendency *Ref: Harrison 18/e p2324-2325*

230. A new born presents with discharge of urine from the umbilicus for 3 days. Diagnosis is:
a. Meckel's diverticulum
b. Mesenteric cysts
c. Urachal fistula
d. Omphalocele *Ref: Campbell's 10/e p3382-3384*

231. A 60-years old male presents with hematuria at onset of micturition, cause is: (AIIMS June 2008)
a. Urethral stone
b. Bladder tumor
c. Ureteric stone
d. Prostatitis

232. A 23-years old male who is otherwise normal complains of mild pain in his right iliac fossa in a waveform pattern which increases during the right and he becomes exhausted and is admitted in the hospital. On examination there is mild hematuria. Urine examination reveals plenty of RBCs, 50WBCs/hpf. Urine pH is 5.5. Most likely diagnosis is:
a. Glomerulonephritis
b. CA urinary bladder
c. Ureteral calculus
d. Cystitis

233. What is oliguria: (JIPMER 2002)
a. Excretion of less than 300ml in 24 hours
b. Excretion of less than 500ml in 24 hours
c. Excretion of less than 300ml in 12 hours
d. Excretion of less than 100ml in 24 hours

234. Normal capacity of the renal pelvis is: (AIIMS 2008)
a. 7 ml
b. 10 ml
c. 15 ml
d. 20 ml

235. Low and fixed specific gravity of urine is seen in:
a. Diabetes mellitus (SGPGI 2005)
b. Diabetes insipidus
c. Chronic renal failure
d. Acute glomerulonephritis *Ref: Smith 17/e p536*

236. Auto nephrectomy is seen in: (JIPMER 2002)
a. Sickle cell anemia
b. Renal TB
c. Sarcoidosis
d. Lymphoma

Ans.
220. b. Grade II
221. c. Both
222. a. Cotrimoxazole
223. b. Postnatal scarring…
224. c. VUR induced…
225. a. and b.
226. c. Urine osmolality…
227. a. The creatinine…
228. b. 5%
229. b. and c.
230. c. Urachal fistula
231. a. Urethral stone
232. c. Ureteral calculus
233. b. Excretion of…
234. a. 7 ml
235. c. Chronic renal…
236. b. Renal TB

B. URINARY BLADDER

1. In ectopia vesicae, bone divided is: (MHSSMCET 2011)
- a. Pubic bone
- b. Sacrum
- c. Coccyx
- d. Iliac bone

Ref: Smith 17/e p574-575; Campbell's 10/e p3228-3236; Bailey 26/e p1310, 25/e p1314

2. Ectopic vesicae includes all except: (COMEDK 2005)
- a. Hypospadias
- b. Extrophy of bladder
- c. Defective abdominal wall
- d. Bifid clitoris

3. All of the following are features of exstrophy of the bladder except: (All India 2007)
- a. Epispadias
- b. Cloacal membrane is present
- c. Posterior bladder wall protrudes through the defects
- d. Umbilical and inguinal hernia

4. Which is not seen in complete ectopic vesicae: (TN 2001)
- a. Umbilical hernia
- b. Visible uretero vesical efflux
- c. Hypospadias
- d. Waddling gate

5. About ectopia vesicae, following is true except:
- a. CA bladder may occur (PGI June 2002)
- b. Ventral curvature of penis
- c. Incontinence of urine
- d. Visible uretero-vesical efflux

6. For treatment of the ectopic-vesicle, which of the following bone is divided to reach the site: (UPPG 2004)
- a. Pubic rami
- b. Iliac bone
- c. Ischium bone
- d. Symphysis

7. Cystoscopic findings in TB bladder are all except:
- a. Cobblestone mucosa (PGI Dec 2003)
- b. Thimble bladder
- c. Golf hole ureter
- d. Whitish efflux from the ureteric holes

Ref: Smith 17/e p219-225; Campbell 10/e p468-477; Bailey 26/e p1301-1303, 25/e p1306-1308

8. Thimble bladder is seen in: (All India 2002)
- a. Acute tuberculosis
- b. Chronic tuberculosis
- c. Neurogenic bladder
- d. Schistosomiasis

9. Treatment of 'Thimble bladder' is: (DPG 2004)
- a. Anti-tubercular treatment
- b. Corticosteroids
- c. Ileocystoplasty
- d. Anti-tubercular drugs + steroids

10. Malakoplakia of the urinary bladder is considered to be associated with: (COMEDK 2005)
- a. TB
- b. Urothelial carcinoma
- c. Schistosomiasis
- d. Defect in phagocytosis

Ref: Smith 17/e p207-208; Campbell 10/e p309-311

11. True about malakoplakia is: (MHPGMCET 2002)
- a. Benign lesion of urinary bladder
- b. May turn into malignancy
- c. Michaelis-Gutmann bodies are characteristic feature
- d. May cause sever hematuria and lead to death

12. Regarding urinary bladder stone one is not true:
- a. Common in pediatric patient in tropics than that of non tropical areas (AIIMS June 2000)
- b. Uric acid stones are dropped from above
- c. Jack stone is due to urea splitting bacteria
- d. Commonly distal passage obstruction cause stone

Ref: Smith 17/e p272-273; Campbell 10/e p2521-2527; Bailey 26/e p1320-1322, 25/e p1323-1325

13. Secondary vesical calculus refers to stones formed due to:
- a. Hypercalciuria (Karnataka 2006)
- b. Injury
- c. Infection
- d. Migrating from above

Ref: Smith 17/e p272-273; Campbell 10/e p2522-2524; Bailey 26/e p1320-1322, 25/e p1323-1325; emedicine.medscape.com/article/2120102-overview

14. Not true about bladder stones is: (AIIMS Nov 2001)
- a. Rare in Indian children
- b. Primary stones are rare
- c. Small stones can be removed per urethra
- d. Maximum stones are radiopaque

Ref: Smith 17/e p272-273; Campbell 10/e p2522; Bailey 26/e p1320-1322, 25/e p1323-1325

15. The commonest bladder stone is: (PGI 2007)
- a. Triple phosphate
- b. Xanthine
- c. Uric acid
- d. Cysteine

16. The following is true about bladder stones: (PGI 2006)
- a. Girls more than boys
- b. Treatment is litholapexy
- c. Always forms in kidneys and passes down to bladder
- d. Usually asymptomatic

17. Jack stone calculi is seen in which anatomic part:
- a. Prostate (MAHE 2006)
- b. Kidney
- c. Ureter
- d. Bladder

Ans.
1. d. Iliac bone
2. a. Hypospadias
3. b. Cloacal membrane…
4. c. Hypospadias
5. b. Ventral curvature…
6. b. Iliac bone
7. d. Whitish efflux from…
8. b. Chronic tuberculosis
9. c. Ileocystoplasty
10. d. Defect in phagocytosis
11. c. Michaelis-Gutmann…
12. b. Uric acid stones are…
13. c. Infection
14. a. Rare in Indian children…
15. c. Uric acid
16. b. Treatment is litholapexy
17. d. Bladder

18. Which of the following is false regarding endemic bladder stones: (AIIMS Nov 2013)

a. Always associated with recurrence
b. High incidence in cereal based diet
c. Peak incidence in 3 years old children in India
d. Most common type is ammonium urate or calcium oxalate

Ref: Smith 17/e p272-273; Campbell 10/e p2522; Bailey 25/e p1323-1325

19. A person after pelvic fracture could not pass urine. On examination bladder is not palpable. What is probable diagnosis:

a. Posterior urethra rupture, with-retention of urine
b. Rectourethral injury (PGI Dec 2008)
c. Intraperitoneal rupture of bladder
d. Extraperitoneal rupture of bladder

Ref: Smith 17/e p289-291; Campbell 10/e p2153-2155; Bailey 26/e p1311, 25/e p1314-1315

20. True about extraperitoneal urinary bladder rupture is all except: (MHPGMCET 2002)

a. Associated with fracture
b. More common than intraperitoneal bladder rupture pelvis in about 70% cases
c. Commonly associated with anterior urethral rupture
d. Can be managed conservatively without surgical intervention

Ref: Smith 17/e p289-291; Campbell 10/e p2153-2155; Bailey 26/e p1311, 25/e p1314-1315

21. Urine gests collected in which place in case of extraperitoneal rupture of bladder: (AIIMS Nov 2005)

a. Groin
b. Below urogenital diaphragm
c. Above urogenital diaphragm
d. Perineal space

22. In extraperitoneal rupture of bladder, urine extravasates in:

a. Groin (All India 2004)
b. Intraperitoneal region
c. Extraperitoneal region
d. Perivesical space

23. Tear-drop bladder is seen in: (PGI June 2001)

a. Tuberculosis
b. Hunner's ulcer
c. Perivescial hemorrhage with rupture
d. Perivesical hemorrhage without rupture

24. Most reliable investigation in bladder rupture is

a. IVP
b. Cystoscopy (JIPMER 2002)
c. Retrograde cystogram
d. Catheterization

25. SCC of bladder is best treated by: (GB Pant 2011)

a. Chemotherapy
b. Radical cystectomy
c. Radiotherapy
d. TUR

Ref: Smith 17/e p308-311; Campbell 10/e p2317; Bailey 26/e p1330-1335, 25/e p1333-1335

26. Most common bladder tumor: (GB Pant 2011)

a. TCC
b. SCC
c. Rhabdomyosarcoma
d. Sarcoma

27. Most malignant carcinoma of the bladder is: (APPG 2006)

a. Malignant villous tumour
b. Solid tumour
c. Carcinomatous ulcer
d. Adenocarcinoma *Ref: Bailey 26/e p1333, 25/e p1336*

28. It is true of carcinoma of the urinary bladder that:

a. It usually occurs in childhood (AIIMS 2005)
b. Occurs more often in aniline dye workers
c. It is located most frequently in the trigone
d. Papillary formation is rare

29. Bladder tumors mostly arises from: (All India 2007)

a. Mucosa
b. Submucosa
c. Muscularis Mucosa
d. Serosa

30. About transitional cell carcinoma of bladder following is correct: (DPG 2001)

a. Most common site is fundus
b. Prognosis is excellent if muscle layer is invaded
c. Exposure to industrial carcinogens predisposes
d. Most of carcinomas are flat, solid and deeply infiltrating

31. A patient, Ramu presents with hematuria for many days. On investigations he is found to have renal calculi, calcifications in the wall of urinary bladder and small contracted bladder; most probable cause is: (AIIMS Nov 2001)

a. Schistosomiasis
b. Amyloidosis
c. Tuberculosis
d. CA urinary bladder

Ref: Smith 17/e p227-235; Campbell 10/e p480-486; Bailey 26/e p1328-1329, 25/e p1332-1333

32. One of the following disease will show urinary bladder calcification radiologicaly which resemble fetal head in pelvis:

a. Tuberculosis (AIIMS June 2000)
b. Schistosomiasis
c. Chronic cystitis
d. Malignancy

33. Metrifonate is effective against: (ComedK 2008)

a. Amoebiasis
b. Leishmaniasis
c. Schistosomiasis
d. Giardiasis

Ans.	**18.**	a. Always associated…	**19.**	d. Extraperitoneal…	**20.**	c. Commonly associated…	**21.**	c. Above urogenital…
	22.	d. Perivesical space	**23.**	c. Perivesical…	**24.**	c. Retrograde cystogram	**25.**	b. Radical cystectomy
	26.	a. TCC	**27.**	b. Solid tumour	**28.**	b and c	**29.**	a. Mucosa
	30.	c. Exposure to…	**31.**	a. Schistosomiasis	**32.**	b. Schistosomiasis	**33.**	c. Schistosomiasis

34. A 55-year-old smoker presents with history of five episodes of macroscopic hematuria each lasting for about 4-5 days in the past five years. Which of the following investigations should be performed to evaluate the suspected diagnosis:
a. Urine microscopy and cytology (All India 2011)
b. X-Ray KUB
c. Ultrasound KUB
d. DTPA scan
Ref: Smith 17/e p308-315; Campbell 10/e p2311-2332; Bailey 26/e p1333-1338, 25/e p1333-1340

35. CA urinary bladder commonly presents as: (PGI Dec 2003)
a. Hematuria
b. Frequency
c. Dysuria
d. Abdominal lump

36. Most constant and persistent feature of CA bladder is:
a. Increased frequency
b. Hematuria (PGI Dec 2005)
c. Recurrent UTI
d. Pain Abdomen

37. What is true about carcinoma bladder: (AIIMS June 2004)
a. Common in smokers
b. Commoner in females than that in males
c. Mostly adenocarcinoma
d. Pain in suprapubic region is the first symptom

38. A 60-year-old smoker came with a history of painless gross hematuria for one day. Most logical investiga-tion would be: (All India 2007)
a. Urine routine
b. Plain X-ray KUB
c. USG KUB
d. Urine microscopy for malignant cytology

39. A 60-year-old smoker came with the history of painless gross hematuria for one day. The investigation of choice would be: (AIIMS Nov 2006)
a. Urine routine and microscopy
b. Plain X-ray KUB
c. USB KUB
d. Urine for malignant cytology

40. An elderly male presents with one episode of gross heematuria. All of the following investigations are recommended for this patient except: (All India 2007)
a. Cystoscopy
b. Urine microscopy for malignant cells
c. Urine tumor markers
d. Intravenous pyelogram

41. Urinary cytology is a useful screening test for the diagnosis of:
a. Renal cell carcinoma (AIIMS 2002)
b. Wilm's tumour
c. Urothelial carcinoma
d. Carcinoma prostate

42. Carcinoma common in dye industry workers:
a. Skin (MHPGMCET 2001)
b. Scrotum
c. Urinary bladder
d. Maxilla
Ref: Smith 17/e p308; Campbell 10/e p2312-2316; Bailey 26/e p1330, 25/e p1333

43. Transitional cell carcinoma can be seen in:
a. Analgesic nephropathy (MHSSMCET 2006)
b. Urate nephropathy
c. Pulmonary infections
d. Myocardial infarction

44. Transitional cell carcinoma of bladder is associated with:
a. Schistosomiasis (PGI June 2001)
b. Naphthylamine
c. Smoking
d. Tuberculosis of bladder

45. Squamous cell tumor of urinary bladder is due to:
a. Stone (PGI June 2007)
b. Schistosomiasis
c. Chronic cystitis
d. Diabetes mellitus

46. Squamous cell carcinoma of urinary bladder is predisposed to by: (PGI June 2002)
a. Urolithiasis
b. Persistent urachus
c. Schistosomiasis
d. Polyp
e. Smoking

47. In a survey, many children are examined and were found to have urogenital abnormalities. Which congenital anomaly is associated with increased risk of bladder carcinoma:
a. Medullary sponge kidney (AIIMS Nov 2004)
b. Bladder exstrophy
c. Unilateral renal agenesis
d. Doubler ureter

48. True about transitional cell carcinoma of urinary bladder:
a. Smoking predisposes (PGI Dec 2003)
b. Schistosoma infection predisposes
c. Aniline dye workers
d. Radiation

49. All are precancerous for carcinoma bladder except:
a. Tuberculosis bladder (All India 2004)
b. Aniline dyes
c. Schistosomiasis
d. Chronic ulcer

50. 'Kiss cancer' of the urinary bladder is:
a. Highly malignant (UPSC 2008)
b. Malignant
c. Benign
d. Pre-malignant *Ref: Bailey 26/e p1330, 25/e p1334*

51. Associated with urinary bladder carcinoma are all of the following except: (MCI Sept 2009)
a. Smoking
b. HPV infection
c. Schistosomiasis
d. Cyclophosphamide

Ans.
34. a. Urine…
35. a. Hematuria
36. b. Hematuria
37. a. Common in smokers
38. d. Urine microscopy…
39. d. Urine for malignant…
40. c. Urine tumor markers
41. c. Urothelial carcinoma
42. c. Urinary bladder
43. a. Analgesic nephropathy
44. a, b and c.
45. a, b and c.
46. a. and c.
47. b. Bladder exstrophy
48. a, b, c and d.
49. a. and d.
50. c. Benign
51. b. HPV infection

52. Treatment of choice for low grade superficial bladder carcinoma: (JIPMER 2011)
a. Local excision
b. Radical cystectomy
c. Intravesical BCG
d. Chemotherapy
Ref: Smith 17/e p314; Campbell 10/e p2320-2321, 2375-2385; Bailey 26/e p1334-1336, 25/e p1338-1340

53. A lady who presented with hematuria was found to have Stage II Transitional Cell Carcinoma of bladder. Which of the following statements about manage-ment of her condition is true:
a. Cystoscopic fulguration is the standard treatment
b. 70% chance of requiring cystectomy in 5 years after TUR
c. History of smoking is not a risk factor
d. There is no role of chemotherapy

54. BCG is used in the treatment of: (MHPGMCET 2006)
a. Carcinoma cervix
b. Carcinoma colon
c. Carcinoma of urinary bladder
d. All

55. pT2, pT3 or CIS carcinoma bladder not responding to BCG is best treated by: (MHSSMCET 2008)
a. Intravesical mitomycin-C and interferon
b. Systemic chemotherapy
c. Cystoscopic
d. Radical cystectomy

56. Treatment of choice for bladder pTa: (MHSSMCET 2010)
a. Endoscopic tumor resection
b. Endoscopic tumor resection and intravesical chemotherapy
c. Partial cystectomy with intravesical
d. Radical cystectomy with or without radical radiotherapy
BCG

57. Which of the following is the most effective intravesical therapy for superficial bladder cancer: (AIIMS Nov 2005)
a. Mitomycin
b. Adriamycin
c. Thiotepa
d. BCG
Ref: Smith 17/e p316; Campbell 10/e p2361-2365; Bailey 26/e p1334, 25/e p1337

58. Which of the following is not an intravesical chemotherapeutic agent: (UPSC 2005)
a. Mitomycin C
b. BCG
c. Epirubicin
d. Thiotepa
Ref: Smith 17/e p316-317; Campbell 10/e p2343-2345; Bailey 26/e p1334, 25/e p1337-1338

59. A 65-year-old male smoker presents with gross total painless hematuria. The most likely diagnosis is:
a. Carcinoma of urinary bladder (All India 2003)
b. Benign prostatic hyperplasia
c. Carcinoma prostate
d. Cystolithiasis

60. BCG is used in tumour therapy: (JIPMER 2004)
a. Bladder
b. Stomach
c. Esophagus
d. Colon

61. A 60-year-old female presented with hematuria and diagnosed transitional cell carcinoma of bladder stage T1N1M0. Best treatment modalities is: (UPPG 2008)
a. Transurethral resection
b. Transurethral resection and intravesical chemo-immunotherapy
c. Total cystectomy and pelvic lymphadenectomy
d. Systemic chemotherapy

62. Which is a normal finding in cystometry: (PGI 2007)
a. Absence of systolic detrussor contraction
b. Residual volume of 75 ml
c. Leakage on coughing
d. First sensation of urination at 300 ml

63. Commonest cause for pulsion diverticulum of the urinary bladder is: (JIPMER 2002)
a. Benign enlargement of prostate
b. Fibrous prostate
c. Contracture of bladder neck
d. Stricture urethra
Ref: Bailey 26/e p1322-1323, 25/e p1326-1327

64. Catheterization of bladder done in: (PGI Dec 2006)
a. CA prostate
b. Post-operative retention
c. Pre-operative before taking the patient for appendicitis
d. Stricture
e. Rupture *Ref: Bailey 26/e p1312-1314, 25/e p1316-1317*

65. A young lady presents with symptoms of urinary tract infection. All of the following findings on a midstream urine sample support the diagnosis of uncomplicated acute cystitis, except: (All India 2011)
a. Positive nitrite test
b. CFU count <1000/ml
c. Detection of one bacteria/field on Gram stain
d. >10 WBC/HPF
Ref: Smith 17/e p196

66. Normal intravesical pressure during voiding:
a. 20-35 cm H_2O (MHPGMCET 2007)
b. 35-50 cm H_2O
c. 50-65 cm H_2O
d. 65-80 cm H_2O
Ref: Bailey 26/e p1315, 25/e p1319

67. What is Marion's disease: (MHSSMCET 2005)
a. Benign prostatic hypertrophy
b. Superficial thrombophlebitis of breast
c. Bladder outlet obstruction
d. Interstitial cystitis *Ref: Bailey 26/e p1350, 25/e p1353*

Ans.	**52.** a. Local excision	**53.** b. 70% chance of…	**54.** c. Carcinoma of urinary…	**55.** d. Radical cystectomy
	56. a. Endoscopic…	**57.** d. BCG	**58.** b. BCG	**59.** a. Carcinoma of urinary bladder
	60. a. Bladder	**61.** c. Total cystectomy and…	**62.** A. Absence of systolic…	**63.** c. Contracture of bladder…
	64. a. and b.	**65.** a. Positive nitrite test	**66.** b. 35-50 cm H_2O	**67.** c. Bladder outlet obstruction

68. Marion's disease is due to: (DNB 2000)
a. Muscular hypertrophy of internal sphincter of urinary bladder
b. Fibrosis of the neck of bladder
c. Vesicular diverticula
d. Vesicular calculi

69. What is Boari's FLAP surgery: (MHSSMCET 2005)
a. Ureterostomy
b. DJ stent in-situ
c. Bowel interposition
d. Flap of the bladder wall fashioned into a tube replace lower ureter

Ref: Bailey 26/e p1289, 25/e p1292, 1307

70. In Boari operation: (GB Pant 2011)
a. Ureteric retransplant
b. Lower ureteric reconstruction
c. Diversion
d. Bowel interposition

71. Interstitial cystitis is also known as: (DNB 2012)
a. Eosinophilic cystitis
b. Radiation cystitis
c. Hunners cystitis
d. Tubercular cystitis

Ref: Bailey 26/e p1328; Smith 17/e p576

72. In ureterosigmoidostomy all occur except: (JIPMER 2006)
a. Hyponatremia
b. Hyperkalemia
c. Hyperchloremia
d. Acidosis

Ref: Smith 17/e p388-401; Campbell 10/e p2436-2447; Bailey 26/e p1336-1339, 25/e p1339-1342

73. Urinary diversion is indicated in the following except: (MHSSMCET 2008)
a. Ectopia vesicae
b. Carcinoma bladder
c. Neurogenic bladder
d. Bladder hematoma

Ref: Bailey 26/e p1336, 25/e p1339

74. Which among the following will complicate as hyperchloremic acidosis: (AIIMS June 2002)
a. Ureterosigmoidostomy
b. Diarrhea
c. Vomiting
d. Ileoplasty

75. Urinary incontinence results from all except:
a. Neurogenic bladder
b. Vesico vaginal fistula
c. Ectopic ureter
d. Rectovesical fistula

Ref: Bailey 26/e p1316, 25/e p1320-1321

76. Post micturition dribbling is due to: (AMU 2005)
a. Detrusor
b. Dribbling decreased in case of urethral stricture
c. Collection of urine in 'U' shaped curve of bulb of penis
d. Neurogenic bladder

77. To differentiate between stress incontinence and detrusor instability investigation done is: (AIIMS June 2007)
a. Cystosurethroscopy
b. Urodynamic study
c. MCU
d. Retrograde urethroscopy

Ref: Bailey 26/e p1315, 25/e p1320

78. In which case cystometric study is indicated: (AIIMS Nov 2008)
a. Neurogenic bladder
b. Stress incontinence
c. Fistula
d. Urge incontinence

Ref: Bailey 26/e p1315, 25/e p1319-1321

Ans.
68. a. Muscular…
69. d. Flap of the bladder wall…
70. b. Lower ureteric…
71. c. Hunner's cystitis
72. b. Hyperkalemia
73. d. Bladder hematoma
74. a. Ureterosigmoidostomy
75. d. Rectovesical fistula
76. c. Collection of……
77. b. Urodynamic study.
78. a. Neurogenic bladder

C. PROSTATE AND SEMINAL VESICLES

1. Benign prostatic hyperplasia first develops in the:
- a. Periurethral transition zone (COMEDK 2011)
- b. Peripheral zone
- c. Central zone
- d. Anterior fibromuscular stroma

Ref: Smith 17/e p348-355; Campbell 10/e p2570-2694; Bailey 26/e p1341-1346, 25/e p1344-1350

2. In BPH most common lobe involved is: (AIIMS June 2000)
- a. Lateral
- b. Posterior
- c. Median
- d. Anterior

3. Which is the earliest symptom of benign hypertrophy of prostate: (Karnataka 2002)
- a. Frequency
- b. Hematuria
- c. Incontinence
- d. Strangury

4. Which of the following is an absolute indication for surgery in cases of benign prostatic hyperplasia: (All India 2003)
- a. Bilateral hydroureteronephrosis
- b. Nocturnal frequency
- c. Recurrent urinary tract infection
- d. Voiding bladder pressures>50 cm of water

Ref: Campbell 10/e p2605-2608; Bailey 26/e p1346, 25/e p1350

5. Which of the following lasers is used for treatment of benign prostatic hyperplasia as well as urinary calculi:
- a. CO2 laser (All India 2003)
- b. Excimer laser
- c. Ho: YAG laser
- d. Nd-YAG laser

Ref: Smith 17/e p354-355; Campbell 10/e p2655-2694; Bailey 26/e p1350, 25/e p1353

6. A 60-years old diabetic and hypertensive with second grade prostatism admitted for prostatectomy developed myocardial infarction. Treatment now would be:
- a. Finasteride (All India 2001)
- b. Terazocin
- c. Finasteride and terazocin
- d. Diethyl stilbestrol

Ref: Smith 17/e p352-353; Campbell 10/e p2622-2633; Bailey 26/e p1347, 25/e p1350

7. The following statements regarding finasteride are true except: (All India 2005)
- a. It is used in the medical treatment of benign prostatic hypertrophy
- b. Impotence is well documented after its use
- c. It blocks the conversion of dihydrotestosterone to testosterone
- d. It is a 5-α reductase inhibitor

8. Indication for surgery in benign prostatic hypertrophy are all except: (APPG 2003)
- a. Prostatism
- b. Chronic retention
- c. Hemorrhage
- d. Enlarged prostate

9. Grade I benign prostate with outflow obstruction is best treated with: (AIIMS 2008)
- a. Retropubic prostatectomy
- b. Transurethral resection
- c. Transvesicle prostatectomy
- d. Androgen therapy

Ref: Smith 17/e p354-355; Campbell 10/e p2605-2608; Bailey 26/e p1346-1350, 25/e p1350-1353

10. Assessment of patient with prostatism include all except:
- a. Rectal examination (APPG 2013, DPG 2009 March)
- b. Serum prostate specific antigen
- c. Pressure flow urodynamic studies
- d. Transrectal ultrasound scanning

Ref: Bailey 25/e p1349, 24/e p1375; Smith Urology 17/e p208-210

11. In follow up of BPH, most important indication of surgery is: (AIIMS Nov 2010)
- a. Prostate size >75gm
- b. Single episode of UTI requiring 3 days of antibiotics
- c. Cannot use medication due to hypertension
- d. Bilateral hydronephrosis

12. Which of the following is an absolute indication for surgery in cases of benign prostatic hyperplasia:
- a. Bilateral hydroureteronephrosis
- b. Nocturnal frequency (MHSSMCET 2005, All India 2003)
- c. Recurrent urinary tract infection
- d. Voiding bladder pressures >50 cm of H2O

13. The drug that has the fastest onset of action in benign prostatic hyperplasia is: (COMEDK 2008)
- a. Finasteride
- b. Tamsulosin
- c. Dutasteride
- d. Flutamide

14. In the management of symptomatic benign prostatic hyperplasia with finasteride the period of trial required for determining a satisfactory response is: (COMEDK 2009)
- a. 1 month
- b. 2 months
- c. 4 months
- d. 6 months

15. Most common site of development of carcinoma of prostate is: (DNB 2012, Orissa 2011, MHPGMCET 2002, 2001)
- a. Peripheral zone
- b. Central zone
- c. Transitional zone
- d. Fibromuscular stroma

Ref: Smith 17/e p355-169; Campbell 10/e p2715-2740; Bailey 26/e p1351-1356, 25/e p1354-1357

Ans.
1. a. Periurethral... **2.** c. Median **3.** a. Frequency **4.** a. and c.
5. c. Ho: YAG laser **6.** b. Terazocin **7.** It blocks the conversion... **8.** d. Enlarged prostate
9. b. Transurethral... **10.** d. Transrectal ultrasound... **11.** d. Bilateral hydronephrosis **12.** a. and c.
13. b. Tamsulosin **14.** d. 6 months **15.** a. Peripheral zone

16. A 49-year-old man suffering from carcinoma of prostate was x-rayed. He showed areas of sclerosis and collapse of T10 and T11 vertebrae in x-ray. The spread of this cancer to the above vertebrae in X-ray. The spread of this cancer to the above vertebrae was through: (AIIMS Nov 2002)
a. Sacral canal
b. Lymphatic vessels
c. Internal vertebral plexus of veins
d. Superior rectal vein

17. Mr. Chaturvedi, a 70-year-old man comes to casualty with urinary retention and back pain. Which investigation should be performed: (AIIMS Nov 2000)
a. Serum acid phosphatase
b. Serum calcium
c. Serum alkaline phosphates
d. Serum electrophoresis

Ref: Smith 17/e p360-361; Campbell 10/e p2748-2762; Bailey 26/e p1353, 25/e p1344

18. A 65-year-old male was diagnosed with prostate cancer three years back and was treated by surgery and hormone therapy. Presently he has developed urinary symptoms and progressive backache. What is the tumor marker, which can be indicative of disease relapse: (AIIMS Nov 2003)
a. CA-125
b. Beta-HCG
c. CEA
d. PSA *Ref: Smith 17/e p360-361; Campbell 10/e p2764-2765; Bailey 25/e p1344*

19. Specific marker for prostatic cancer is: (PGI Dec 2007)
a. Alkaline phosphatase
b. Prostate specific antigen
c. Acid phosphatase
d. CA-125

20. Screening of prostate CA commonly done by:
a. DRE (digital rectal exam) (PGI Nov 2010, May 2005)
b. USG
c. MRI
d. PSA
e. CT scan

21. All of the following are used to detect CA prostate except:
a. PSA (PGI Dec 2006)
b. MRI
c. CT scan
d. DSA
e. TRUS

22. A 50-year-old male with positive family history of prostate cancer has come to you for a screening test. The most sensitive screening test to pickup prostate cancer is:
a. DRE (All India 2007)
b. PSA
c. DRE+ PSA
d. Endorectal coil MRI with T1W and T2W images

23. Transrectal ultrasonogram in evaluation of carcinoma prostate is most useful for: (All India 2008)
a. Taking guided biopsy
b. Identifying seminal vesicle invasion
c. Nodal sampling
d. Measuring the extent of invasion

24. In prostatic metastasis, the site most commonly involved is: (PGI June 2004)
a. Obturator nodes
b. Perivesical nodes
c. Pre-sacral nodes
d. Paraaortic nodes

25. CA prostate commonly metastasizes to the vertebrae:
a. Because valveless communication exist with Batson's periprostatic plexus (All India 2001)
b. Via drainage to sacral lymph node
c. Of direct spread
d. None of above

26. Secondary deposits form prostatic carcinoma is commonest in: (APPG 2009)
a. Bone
b. Kidney
c. Liver
d. Brain

27. In carcinoma prostate with metastasis which is raised:
a. ESR (TN 2007)
b. Alkaline phosphatase
c. Acid phosphatase
d. Bilirubin

28. A patient presents with complains of sciatica. On radiological examination there was sclerotic lesions on his skull. Which of the following is most likely to be elevated in this patient: (AIIMS 2000)
a. CEA
b. Prostate specific antigen
c. Alkaline phosphatase
d. Alpha-1 antitrypsin

29. Normal level of PSA in males is: (DNB 2011)
a. < 4 ng/ml
b. 4-10 ng/ml
c. > 10 ng/ml
d. PSA is not produced by normal males

30. Gleason scoring is done for: (DNB 2009)
a. Prostatic cancer
b. Lung cancer
c. Bladder cancer
d. Hodgkins lymphoma

31. Which of the following is true about prostate cancer screening: (APPG 2008)
a. Digital screening along with PSA is additive
b. Prostate cancer is common among young males
c. Tumor markers are diagnostic
d. Bleeding per rectum is earliest manifestation of disease

Ans.
15. b. Peripheral zone
16. c. Internal vertebral…
17. a. Serum acid phosphatase
18. d. PSA
19. b. Prostate specific…
20. a. DRE, d. PSA
21. b c and d.
22. c. DRE+ PSA
23. a. Taking guided biopsy
24. a. Obturator nodes
25. a. Because valveless…
26. a. Bone
27. c. Acid phosphatase
28. b. Prostate specific antigen
29. a. <4 ng/ml
30. a. Prostate cancer
31. a. Digital screening…

32. True about prostate CA is: (DPG 2008)
a. Arises in the periurethral zone
b. Extremely radio sensitive
c. Obturator nodes are most commonly involved
d. PSA is not used in work up

33. Gleason score: all are true except:
a. Used for grading prostate cancer
b. Scores range from 1-10 (AIIMS May 2011, Nov 2008)
c. Higher the score, poorer the prognosis
d. Helps in planning management
Ref: Smith 17/e p357-358; Bailey 26/e p132

34. Osteoblastic metastasis commonly arise from:
a. Breasts (AIIMS May 2013)
b. Prostate
c. Lung
d. RCC
Ref: Harrison 18/e p820-821; Devita 9/e p2512-2513; CSDT 12th/1202

35. Best screening marker of prostate cancer is: (UPPG 2009)
a. AFP
b. Prostate specific antigen
c. CA 19-20
d. CA 125-26

36. The most important use of transrectal ultrasonography (TRUS) is for: (COMEDK 2007)
a. Screening for CA prostate
b. Distinguishing prostate cancer from BPH
c. Systematic prostate biopsy in suspected prostate cancer
d. Guiding transurethral resection of prostate cancer

37. Treatment for metastatic CA Prostate: (JIPMER 2011)
a. GnRH analogue
b. Estrogen therapy
c. Radiotherapy with chemotherapy
d. Radiotherapy *Ref: Smith 17/e p367-369*

38. The most important use of transrectal ultrasono-graphy (TRUS) is for: (COMEDK 2007)
a. Screening for CA prostate
b. Distinguishing prostate cancer from BPH
c. Systematic prostate biopsy in suspected prostate cancer
d. Guiding transurethral resection of prostate cancer
Ref: Rumack's Diagnostic Ultrasound 3/e p411

39. The most common complication of transurethral resection of prostate (TURP): (COMEDK 2007, 2008, 2009)
a. Erectile dysfunction
b. Retrograde ejaculation
c. Urinary incontinence
d. Ringer's lactate
e. 5% dextrose
Ref: Smith 17/e p354-355; Campbell 10/e p2605-2608; Bailey 26/e p1346-1350, 25/e p1350-1353

40. Most common irrigant used in TURP:
A. 1.5% glycine
b. Normal saline
c. 5% dextrose
d. Distilled water

41. Delirium, mental confusion and nausea in patients who had undergone transurethral resection of prostate suggests:
a. Hypernatremia (MCI Sept 2009)
b. Sepsis
c. Hepatic coma
d. Water retention

42. Which of the following is the most common cause of delayed urinary tract obstructive symptoms after TURP:
a. Stricture of the navicular fossa (All India 2011)
b. Stricture of the membranous urethra
c. Stricture of the bulb of urethra
d. Bladder neck stenosis

43. During TURP, surgeon takes care to dissect above the verumontanum to prevent injury to: (All India 2011)
a. External urethral sphincter
b. Urethral crest
c. Prostatic utricle
d. Trigone of bladder

44. What is the reason for following set of symptoms after prostatic surgery- restlessness, vomiting and change in sensorium: (AIIMS June 2000)
a. Electrolyte imbalance
b. Bladder neck obstruction
c. Acute pyelonephritis
d. Ureter stenosis

45. TURP was done in an old patient of BHP, after which he developed altered sensorium cause is
a. Hypernatremia (AIIMS June 2001)
b. Hypokalemia
c. Hyponatremia
d. Hypomagnesemia

46. Commonest cause of periumbilical pain after 30 min. of TURP done under spinal anesthesia with Bupivacaine:
a. Meteorism (AIIMS June 2000)
b. Perforation of bladder
c. Recovery from bupivacaine anaesthesia
d. Mesentery artery ischemia
Ref: Bailey 26/e p1349, 25/e p1352

47. Which of the following substances is not used as an irrigant during transurethral resection of the prostate:
a. Normal saline (AIIMS Nov 2003)
b. 1.5% Glycine
c. 5% Dextrose
d. Distilled Water

48. A 70-year-old patient benign prostatic hyperplasia underwent transurethral resection of prostate under spinal anaesthesia. One hour later, he developed vomiting and altered sensorium. The most probable cause is:
(MHSSMCET 2008, AIIMS June 2001, All India 2003)
a. Over dosage of spinal anesthetic agent
b. Rupture of bladder
c. Hyperkalemia
d. Water intoxication

Ans.
32. c. Obturator nodes…
33. b. Scores range from 1-10
34. b. Prostate
35. b. Prostate specific antigen
36. c. Systematic…
37. a. GnRH analogue
38. c. Systematic prostate…
39. b. Retrograde ejaculation
40. a. 1.5% glycine
41. d. Water retention
42. d. Bladder neck stenosis
43. a. External urethral sphincter
44. a. Electrolyte…
45. c. Hyponatremia
46. b. Perforation of bladder
47. a. Normal saline
48. d. Water intoxication

49. All of the following can be seen after transurethral resection of prostate except: (AIIMS Nov 2000)
a. Congestive cardiac failure
b. Transient blindness
c. Convulsions
d. Hypernatremia

50. T.U.R (Transurethral resection) syndrome is due to:
a. Hyponatremia (UPSC 2001)
b. Hypokalemia
c. Hypovolemia
d. Hypoxia

51. Consider the following conditions:
1. Urinary flow rate <10 cc/second
2. Residual volume of urine >100 cc
3. Serum level of prostatic specific antigen >10 mmol/litre
4. Trabeculated urinary bladder

Which of the above are indications of TURP for BHP:
a. 1, 2 and 3
b. 2, 3 and 4
c. 1, 2 and 4
d. 1, 3 and 4

52. Which one of the following is used as an irrigation solution during transurethral resection of the prostate:
a. 1.5% glycine
b. Physiological Saline
c. Ringer's lactate
d. 5% dextrose

53. Corpora amylaciae is seen in: (Kerala 2005)
a. Thymus
b. Lymph node
c. Spleen
d. Prostate

Ref: Smith 17/e p273-274; Campbell 10/e p2527-2528; Bailey 25/e p1353

54. Hot flush is not associated with: (PGI Dec 2000)
a. Medical castration
b. Surgical castration
c. Ketoconazole therapy
d. Androgen receptor blockade
e. Radical prostatectomy

Ref: Bailey 25/e p1358-1359; Campbell 10/e p2942-2943

55. Medical castration is effected by: (Kerala 2000)
a. Deithylstilbesterol
b. LHRH analogues
c. Gossypol
d. Hanovan *Ref: Smith 17/e p368*

56. Complimentary operation done at the time of prostatectomy is: (UPSC 2003)
a. Vasectomy
b. Circumcision
c. Hernia repair
d. All of the above

57. Prostate calculi are usually composed of:
a. Calcium oxalate
b. Calcium phosphate
c. Struvite
d. Uric acid

Ref: Smith 17/e p273-274; Campbell 10/e p2527-2528; Bailey 25/e p1350-1351, 25/e p1353

58. Semen analysis of a young man who presented with primary infertility revealed low volume, fructose negative ejaculate with azoospermia. Which of the following is the most useful imaging modality to evaluate the cause of his infertility:
a. Colour duplex ultrasonography of the scrotum
b. Transrectal ultrasonography (All India 2003)
c. Retrograde urethrography
d. Spermatic venography *Ref: Smith 17/e p691-699*

59. Absence of fructose in semen indicates: (PGI Dec 2008)
a. Obstruction to seminal vesicles
b. Obstruction at prostatic urethra
c. Vas deferens obstruction
d. Testicular failure *Ref: Smith 17/e p691-699*

60. A 25-year-old married male presents with infertility. He had undergone retroperitoneal lymph node dissection at age of 15-years for embryonal carcinoma of right testis. Semen analysis shows-quantity-0.5 ml, no. sperm, no fructose. Biopsy of testis shows normal spermatogenesis. Best treatment here would be: (All India 2007)
a. Artificial insemination of donor
b. Penile-prosthesis
c. Microtesticular aspiration and intra-cytoplasmic injection
d. None of the above *Ref: Smith 17/e p710-711*

61. A 55-year-old diabetic patient presented with impotence with history of failure to get erection after papaverine intracavernous injection. Color Doppler shows no abnormality of arteries but shows mild venous run-off. Treatment of choice:
a. Intracavernous injection of papaverine (All India 2001)
b. Penile prosthetic implants
c. Vacuum constriction device
d. Psychotherapy *Ref: Campbell 10/e p746*

62. The most important in assessing fertility potential is:
a. Sperm count (PGI 2004)
b. Sperm motility
c. Sperm morphology
d. Quantity of ejaculated semen
e. None of the above

63. Which of the following is true about obstructive azoospermia:
a. FSH and ↑ LH (All India 2011)
b. Normal FSH and Normal LH
c. LH, Normal FSH
d. FSH, Normal LH

Ref: Shaw's 13/e p203; Oxford textbook of Medicine 4/e p283

64. In a couple for treatment of infertility from the last four years, female partner is normal. Male partner has 0.8 ml semen volume per ejaculate on two repeated samples and absent fructose, with no sperms on examination under microscope. What is the next line of management:
a. Per-rectal examination to check ejaculatory duct obstruction
b. Give antioxidants (AIIMS Nov 2013)
c. Testicular biopsy
d. Transrectal ultrasound to detect duct obstruction

Ref: Smith 17/e p691-699

Ans.	**49.** d. Hypernatremia	**50.** a. Hyponatremia	**51.** c. 1,2 and 4	**52.** a. 1.5% glycine
	53. d. Prostate	**54.** b. and d.	**55.** a and b.	**56.** None
	57. b. Calcium phosphate	**58.** b. Transrectal…	**59.** a. Obstruction to…	**60.** c. Microtesticular aspiration…
	61. c. Vacuum…	**62.** b. Sperm motility	**63.** b. Normal FSH and…	**64.** d. Transrectal ultrasound to…

65. Complication which commonly accompanies acute prostatitis: (AIIMS 2006)
a. Epididymitis
b. Orchitis
c. Seminal vesiculitis
d. Sterility

Ref: Smith 17/e p208-209; Campbell 10/e p333-337; Bailey 26/e p1357, 25/e p1359

66. A 60 year-old male presented with fever, chills and dysuria. Patient was hospitalized in emergency for 5 days. PSA level was 7.4. Next best step in this patient: (AIIMS Nov 2013)
a. Repeat PSA
b. TURP
c. TRUS guided biopsy
d. Antibiotics and admit

Ref: Smith 17/e p208-209; Campbell 10/e p333-337; Bailey 25/e p1359

67. Which is not used in carcinoma prostate: (PGI Dec 2007)
a. Estrogen
b. Progesterone
c. Cyproterone acetate
d. Flutamide

Ref: Smith 17/e p366-369; Campbell 10/e p2767-2770, 2883-2916; Bailey 26/e p1352-1356, 25/e p1357-1359

68. An 85-year-old man underwent transurethral resection of prostate. A histological examination of his specimen showed foci of adenocarcinoma management will be: (AIIMS Nov 2000)
a. Endocrine therapy
b. Radical surgery
c. Hormone therapy
d. No further treatment

69. A 75-year-old frail elderly man underwent TURP. The biopsy revealed adenocarcinoma. What is the next line of management: (All India 94)
a. Radiotherapy
b. Surgery followed by Hormonal replacement therapy
c. Conservative treatment
d. Surgery followed by radiotherapy

70. Which of the following is the most troublesome source of bleeding during a radical retropubic prostatectomy: (All India 2005)
a. Dorsal venous complex
b. Inferior vesical pedicle
c. Superior vesical pedicle
d. Seminal vesicular artery

71. A 70-year-old man with CA prostate with osteoblastic secondaries in pelvis and lumbar vertebra showed well differentiated Adeno Carcinoma prostate on needle biopsy. He is ideally treated by:
a. Radical prostatectomy
b. TURP
c. Radiation
d. Hormonal manipulation

72. Management of Carcinoma prostate in a 50-year-old man revealed after TURP: (MHSSMCET 2006)
a. No treatment required
b. Hormonal therapy
c. Bilateral subcapsular orchidectomy
d. Radical prostatectomy

73. A 70 year-old man with prostate cancer was given radiotherapy. The recurrence of the cancer is monitored biochemically by: (AIIMS Nov 2012)
a. Androgens only
b. Prostate specific antigen and carcinoembryonic antigen
c. Prostate specific antigen only
d. ALP and CEA

Ref: Smith 17/e p355-169; Campbell 10/e p2715-2740; Bailey 25/e p1354-1357; Harrison 18/e p801

Ans. **65.** c. Seminal vesiculitis **66.** d. Antibiotics and admit **67.** b. Progesterone **68.** d. No further treatment
69. c. Conservative… **70.** a. Dorsal venous complex **71.** d. Hormonal manipulation **72.** d. Radical prostatectomy
73. c. Prostate specific…

D. URETHRA AND PENIS

1. **True about verrucous carcinoma is all except:** (Punjab 2009)
   - a. Locally aggressive form of condyloma acuminate
   - b. Also known as Buschke-Lowenstein Tumor
   - c. They frequently metastasize
   - d. Wide excision is the treatment of choice

   Ref: Smith's Urology 17/e p383-386; Campbell 10/e p901-933; Bailey 26/e p1373-1375, 25/e p1374-1375

2. **Buschke-Lowenstein tumor is:** (MHPGMCET 2007)
   - a. Condyloma lata
   - b. Molluscum contagiosum
   - c. Benign lesion of penis
   - d. 'Verrucous' carcinoma of the penis

3. **In CA penis, soft tissue planes are best delineated by:**
   - a. MRI
   - b. CT scan (GB PANT 2011)
   - c. X-ray
   - d. USG

4. **The most common cause of death in carcinoma penis:**
   - a. Uremia (MHPGMCET 2008)
   - b. Urinary sepsis
   - c. Lung metastases
   - d. Erosion of femoral vessels

5. **Cabana procedure is done in:** (GB PANT 2010)
   - a. CA testis
   - b. RPLND
   - c. Sentinel LN biopsy in penile carcinoma
   - d. None

6. **Sentinel lymph node of carcinoma penis:**
   - a. Cabana (MHSSMCET 2006)
   - b. Virchow
   - c. Delphian
   - d. Darwins

7. **Erythroplasia of Queyrat occurs in:** (MCI Sept 2008)
   - a. Scrotum
   - b. Testes
   - c. Penis
   - d. Bladder

8. **Not true about carcinoma penis is:** (AIIMS Nov 2001)
   - a. Erythroplasia of Queyrat is a precancerous condition
   - b. 40% of patients are under 40 years of age
   - c. Circumcision if done any time before puberty provides 100% protection against carcinoma penis
   - d. More than 50% patients have inguinal LN enlargement when they present

9. **What is true about carcinoma penis:** (AIIMS June 2004)
   - a. Metastasis is rare
   - b. Occurs more commonly in circumcised male
   - c. Arises from corona of glans
   - d. Pain is frequent

10. **Circumcision is included in management of CA penis at:**
    - a. Glans (PGI Dec 2007)
    - b. Prepuce
    - c. Glandulo prepucial
    - d. Shaft of penis

11. **Features of carcinoma penis are all except:**
    - a. Circumcision soon after birth provides total immunity
    - b. Metastatic to inguinal nodes (Kerala 2000)
    - c. Surgery is treatment of choice
    - d. Transitional cell carcinoma

12. **Treatment of choice of small preputial penile carcinoma is:**
    - a. Total penectomy (DNB 2007)
    - b. Partial penectomy
    - c. Emasculation
    - d. Wide excision

13. **Sentinel lymph node biopsy was first done in:** (DNB 2012)
    - a. Carcinoma breast
    - b. Carcinoma colon
    - c. Carcinoma penis
    - d. Melanoma

    Ref: Mastery of Surgery 5/e p1531

14. **Most common site of urethral carcinoma in men is:**
    - a. Bulbomembranous urethra (All India 2010)
    - b. Penile urethra
    - c. Prostatic urethra
    - d. Fossa navicularis

    Ref: Smith 17/e p416-417; Campbell 10/e p946-951; Bailey 25/e p1367, 25/e p1370

15. **A 25-years old male presents to emergency department following a road traffic accident. On examination there is pelvic fracture and blood at urethral meatus. Following are true about patient except:** (AIIMS Nov 2002)
    - a. Anterior urethra is the most likely site of injury
    - b. Retrograde urethrography should be done after the patient is stabilized
    - c. Foley catheter may be carefully passed if the RGU is normal
    - d. Rectal examination may reveal a large pelvic

    Ref: Smith's Urology 17/e p291-295; Campbell 10/e p2516-2520; Bailey 26/e p1361-1363, 25/e p1363-1365

16. **Not true about urethral injuries is:** (AIIMS Nov 2001)
    - a. Catheterize the patient immediately
    - b. Can be associated with fracture pelvis
    - c. Bladder injury is associated with post urethral injuries
    - d. Blood at the external urethral meatus is an imp feature

17. **All of the following can be done in a case of pelvic fracture with pelvic hematoma and had not passed urine since trauma except:** (AIIMS Nov 2004)
    - a. Pass indwelling urethral catheter
    - b. IV fluid infusion
    - c. IV pyelography
    - d. Digital per rectal examination

Ans.

1. c. They frequently… **2.** d. 'Verrucous' carcinoma… **3.** a. MRI **4.** d. Erosion of femoral vessels
5. c. Sentinel LN biopsy… **6.** a. Cabana **7.** c. Penis **8.** c. Circumcision if done…
9. c. Arises from corona… **10.** b. Prepuce **11.** d. Transitional cell… **12.** d. Wide excision
13. c. Carcinoma penis **14.** a. Bulbomembranous urethra **15.** a. Anterior urethra is… **16.** a. Catheterize the patient…
17. a. Pass indwelling…

18. Membranous urethral rupture causes collection of blood in: (AIIMS Nov 2000)
a. Ischiorectal fossa
b. Deep perineal pouch
c. Superficial inguinal region
d. Pelvic diaphragm

19. All are true about bulbar urethral rupture, except: (DNB 2011)
a. Perineal hematoma
b. Floating prostate on per rectal examination
c. Collection of urine in perineum
d. Bleeding per urethra

Ref: Smith's Urology 17/e p291-295; Campbell 10/e p3748-3749; Bailey 26/e p1361-1363, 25/e p1363-1365

20. Following trauma, a patient presents with a drop of blood at the trip of urinary meatus. He complains of inability to pass urine. Next step should be: (All India 2001)
a. IVP should be done
b. MCU should be done
c. Catheterize, drain bladder, and remove the catheter thereafter
d. Catheterize, drain bladder and retain in catheter thereafter

21. Catheterization should not be done in case of acute retention of urine due to: (PGI June 2003)
a. Benign prostate hyperplasia (BPH)
b. CA prostate
c. Stricture urethra
d. Rupture urethra
e. Post operative retention

22. Urinary catheterization indicated in case of acute retention of urine in following conditions: (PGI June 2006)
a. Stricture
b. Rupture
c. Postoperative
d. Carcinoma prostate
e. Before appendectomy in acute appendicitis

23. In case of pelvic fracture with urethral injury, the most important first step in management is: (AIIMS 2004)
a. Repair in injured urethra
b. Fixation of pelvic fracture
c. Treatment of shock and hemorrhage
d. Splinting urethra with catheters

24. Commonest late complication of traumatic rupture of urethra is: (JIPMER 2002)
a. Diverticulum
b. Retrograde ejaculation
c. Stricture
d. Chordee

25. Rupture of membranous urethra occurs more commonly due to: (AIIMS 2007)
a. Thin unsupported wall
b. Fixity of urethra
c. Angulation
d. Proximity to bladder

26. Treatment of fracture pelvis with rupture urethra is: (Kerala 2005)
a. Suprapubic cystostomy
b. Explore and correct the fracture, repair urethra
c. Catheterization
d. Urethrogram to assess injury

27. Urine extravasation occurs in the following in case of penile urethral rupture, except: (JIPMER 2003)
a. Ischiorectal fossa
b. Scrotum
c. Abdomiadias
d. Below superficial fascia of penis

Ref: Smith's Urology 17/e p291-295; Campbell 10/e p3748-3749; Bailey 26/e p1361-1363, 25/e p1363-1365

28. A young man gets into a fight after taking beer and is kicked by the lower abdomen. There was pelvic fracture. Blood at meatus. Most likely cause is: (MAHE 2007)
a. Rupture of membranous urethra
b. Bulbar urethral injury
c. Kidney laceration
d. Ureteric injury

29. All the features of membranous urethral injury except: (MAHE 2007, 2008)
a. Blood of meatus
b. Retention of urine
c. Pelvic fracture
d. None

30. A patient was brought to the hospital with a history of RTA eight hours back. A few drops of blood were noted at the external urethral meatus. He had not passed urine and his bladder palpable per abdomen. The probable diagnosis is: (AIIMS Nov 2006)
a. Urethral injury
b. Rupture bladder
c. Urethral injury with extravasation of urine in the retroperitoneum
d. Anuria due to hypovolemia

31. With the knowledge of anatomy of the pelvis and perineum, which of the following is true regarding collection of urine in urethral rupture above deep perineal pouch: (AIIMS Nov 2012)
a. Medial aspect of thigh
b. Scrotum
c. True pelvis only
d. Anterior abdominal wall

32. Following urethral rupture, immediate procedure to be done is: (MCI Sept 2008, March 2009)
a. Urinary catheterization
b. Suprapubic cystostomy
c. Referral to a urologist
d. Observation

33. Not true about paraphimosis is: (AIIMS June 2007)
a. Iatrogenic
b. Seen in diabetes mellitus
c. Gangrene of glans
d. Circumcision is the treatment

Ref: Smith's Urology 17/e p633; Campbell 10/e p964, 3539; Bailey 26/e p1370, 25/e p1373

34. About paraphimosis true is: (PGI June 2007)
a. Catheter induced
b. Circumcision is treatment
c. Hyaluronidase injection
d. All of the above

Ans.
18. b. Deep perineal…
19. b. Floating prostate on…
20. d. Catheterize, drain…
21. d. Rupture urethra
22. c. and d.
23. c. Treatment of shock…
24. c. Stricture
25. b. Fixity of Urethra
26. a. Suprapubic…
27. a. Ischiorectal fossa
28. a. Rupture of…
29. d. None
30. a. Urethral injury
31. c. True pelvis only
32. b. Suprapubic cystostomy
33. b. Seen in diabetes mellitus
34. d. All of the above

35. Circumcision is done in a child in which of the following conditions: (TN 2002)
a. Phimosis
b. Recurrent balanitis
c. Paraphimosis
d. All of the above
Ref: Smith 17/e p633; Bailey 26/e p1369-1370, 25/e p1371-1372

36. Indications of circumcision are all except:
a. Chronic balanoposthitis (MHPGMCET 2002)
b. Jew religion
c. Carcinoma penis
d. Paraphimosis

37. All are true about posterior urethral valve except:
a. Most common in boys (GB PANT 2011)
b. Can be detected by pre-natal USG
c. Early catheterization should be done
d. Diagnosed by early urethroscopy
Ref: Smith's Urology 17/e p626-628; Campbell 10/e p3389-3404; Bailey 26/e p1359-1360, 25/e p1362

38. A three years old boy presents with poor urinary stream. Most likely cause is: (AIIMS June 2003)
a. Stricture urethra
b. Neurogenic bladder
c. Urethral calculus
d. Posterior urethral valve

39. A male child with recurrent UTI with dribbling of urine most likely cause is: (Punjab 2011)
a. VUR
b. Posterior urethral valves
c. Stricture urethra
d. Neurogenic bladder

40. For posterior urethral valve- investigation of choice is:
a. Cyotoscopy (PGI Dec 2002, Dec 2003, June 2003)
b. MCU
c. Cystourethroscopy
d. Retrograde urethroscopy

41. Posterior urethral valve are commonly observed in:
a. Boys
b. Girls
c. Adult males
d. Adult females

42. Most common uropathic obstruction in children is:
a. Stricture
b. Stones (UPPG 2009)
c. Posterior urethral valve
d. Anterior urethral valve

43. Most common location of posterior urethral valve:
a. Proximal to verumontanum (PGI SS 2004,
b. Distal to verumontanum MHPGMCET 2008)
c. At the level of verumontanum
d. At the bladder neck

44. Posterior urethral valve is usually seen:
a. Above verumontanum (MHSSMCET 2005, 2006, 2008)
b. Below verumontanum
c. At the level of bladder neck
d. At the level of verumontanum

45. Acute urinary retention in a male child may be due to:
a. Prostatic radiotherapy (AIIMS 2006)
b. Urethral stricture
c. Hysteria
d. Meatal ulcer with scabbing
Ref: Bailey 26/e p1312, 25/e p1315-1318, 24/e p1338-1339; www.ncbi.nlm.nih.gov/pubmed/11176514

46. Acute onset of anuria in elderly men: (All India 2002)
a. Bilateral infraction of kidneys
b. Obstructive urinary disease
c. Acute tubular necrosis
d. Acute cortical *Ref: Bailey 26/e p1312, 25/e p1316*

47. Most frequent causes of acute retention of urine include all except: (DPG 2009 March)
a. Meatal ulcer with scabbing in children
b. Haemorrhoidectomy
c. Herniorraphy
d. Fecal impaction

48. Urinary retention in child is most commonly caused by:
a. Metal scab with ulceration (PGI Dec 2003)
b. Posterior urethral valve
c. Urethral stricture
d. Epispadias
e. Congenital short penis

49. True about hypospadias: (JIPMER 2011)
a. Associated with chordee
b. 50% associated with undescended testis
c. Due to failure of fusion of posterior wall of urethra
d. Circumcision done immediately
Ref: Smith's Urology 17/e p629; Campbell 10/e p3505-3530; Bailey 26/e p1360, 25/e p1362-1363

50. True about hypospadias: (PGI May 2010)
a. Defect seen in ventral penis
b. Always associated with chordee
c. Associated with hooded prepuce
d. Circumcision should be avoided

51. Circumcision is contraindicated in: (GB Pant 2010)
a. Paraphimosis
b. Meatal stenosis
c. Hypospadias
d. Phimosis

52. True about hypospadias is all except: (MHPGMCET 2003)
a. Sex determination is not possible
b. Prepuce is hooded
c. Incidence is 1 in 3000 male births
d. May not require surgical treatment

53. Most common congenital anomaly of urethra:
a. Hypospadias (MHSSMCET 2008)
b. Epispadias
c. Meatal stenosis
d. PU valve

Ans.
35. d. All of the above
36. c. Carcinoma penis
37. d. Diagnosed by early…
38. d. Posterior urethral valve
39. b. Posterior urethral…
40. b. MCU
41. a. Boys
42. c. Posterior urethral valve
43. b. Distal to…
44. b. Below verumontanum
45. d. Meatal ulcer with…
46. b. Obstructive urinary disease
47. c. Herniorrhapy
48. a. Meatal scab with…
49. a. Associated with chordee
50. a, c, and d.
51. c. Hypospadias
52. c. Incidence is 1 in 3000…
53. a. Hypospadias

54. Commonest hypospadias is: (DNB 2011, 2001)
a. Penile
b. Glandular
c. Scrotal
d. A or C

55. All are true about hypospadias, except: (AIIMS June 2003)
a. Circumcision in infancy is contraindicated
b. Avoid surgery till puberty
c. No treatment required in glandular variety
d. If associated chordee is present, 2 stage operation is done

56. The best time for surgery of hypospadias is:(All India 2003)
a. 1-4 months of age
b. 6-10 months of age
c. 12-18 months of age
d. 2-4 years of age

57. Features of hypospadias are all except: (All India 2008)
a. Chordee
b. Hooded prepuce
c. No-treatment required with glandular variety
d. Cryptorchidism

58. In hypospadias all are seen except: (PGI Dec 2009)
a. Hooded penis
b. Dorsal chordee
c. Spatulated glans
d. Meatal stenosis

59. True about hypospadias is all except: (PGI June 2001)
a. Bifid scrotum
b. Metal stenosis
c. Mental retardation
d. Spatulated glans
e. Dorsal chordee

60. True about hypospadias is: (PGI June 2003)
a. Metal stenosis
b. Dorsal hood
c. Proximal opening of meatus
d. Lateral curvature
e. Urethral stricture common

61. Which is not true of hypospadias: (AIIMS 2002)
a. Chordee is reversed after 5 years
b. Glandular type needs no treatment
c. Circumcision should not be done
d. Surgical correction has good results in infancy

62. Penis is curved in downward direction in all types of hypospadias except: (PGI 2001)
a. Glandular
b. Coronal
c. Penile
d. Perineal

63. In severe hypospadias the possibility of an intersex problem is settled by: (AMU 2003)
a. Careful inspection of genitals
b. Biopsy for gonadal tissue
c. Karyotyping
d. Hormone assay

64. All of the following are seen in hypospadias except:
a. Ectopia vesicae (All India 2002)
b. Hooded prepuce
c. Chordee
d. Infertility

65. Which of the following urethral anomaly is the most common: (TN 2000)
a. Hypospadias
b. Pin hole meatus
c. Epispadias
d. Stricture urethra

66. Palpable fibrous plaque on dorsal penile shaft indicates:
a. Paget's disease (DPG 2005)
b. Potter's syndrome
c. Prehn's sign
d. Peyronie's disease

Ref: Smith's Urology 17/e p632-633; Campbell 10/e p792-809; Bailey 26/e p1372, 25/e p1373

67. The following statements are true about Peyronie's disease except: (AIIMS Nov 2002)
a. Patient presents with complaints of painful erection
b. Condition affects adolescent males
c. The condition can be associated with Dupuytren's contracture of the tendon of the hand
d. Spontaneous regression occurs in 50% of the cases

68. All are true about Peyronie's disease except:
a. Self limiting (UPPG 2007, 2006)
b. Medical treatment is effective
c. Association with Dupuytren's contracture
d. Calcified plaques

69. Peyronie's disease affects: (MHPGMET 2005)
a. Prostate
b. Penis
c. Urinary bladder
d. Kidneys

70. Peyronie's disease is: MHPGMCET 2007)
a. Browning of penis
b. Ectopic opening of urethra
c. Curved deformity of penis due to fibrous plaque
d. Absent glans penis

71. Nesbitt's operation is done for: (MHPGMCET 2009, 2005)
a. Ectopic testis
b. Hypospadias
c. Peyronie's disease
d. Any of the above

72. What will be next investigation to be done in case of a 2-year-old female child with 1st episode of UTI:
a. Abdominal ultrasound (AIIMS June 2003)
b. DMSA scan
c. 6 monthly urine culture
d. Nothing actively needed

Ref: Smith 17/e p194; Campbell 10/e p274

Ans.
54. b. Glandular
55. b. and d.
56. b. 6-10 months of age
57. d. Cryptorchidism
58. b. Dorsal chordee
59. c. and e.
60. a, b, and c.
61. a. Chordee is reversed after…
62. a. Glandular
63. c. Karyotyping
64. a. Ectopia vesicae
65. a. Hypospadias
66. d. Peyronie's disease
67. b. Condition affects…
68. b. Medical treatment…
69. b. Penis
70. c. Curved deformity…
71. c. Peyronie's disease
72. a. Abdominal Ultrasound

73. A child with recurrent urinary tract infection is most likely to show: (All India 2005)
a. Posterior urethral valves
b. Vesicoureteric reflux
c. Neurogenic bladder
d. Renal and ureteric calculi

74. Which fruit juice helps in preventing UTI: (AIIMS Nov 2011, Nov 2006)
a. Grape
b. Raspberry
c. Cranberry
d. Orange *Ref: Smith 17/e p207*

75. Commonest organism giving rise to urinary tract infection: (APPG 2004)
a. E. coli
b. Proteus
c. Staphylococcus
d. Streptococcus *Ref: Smith 17/e p195*

76. Urinary tract infection exists when the bacterial count in 1 ml. midstream specimen of urine is: (AIIMS 2007)
a. 100
b. 1000
c. 10^4
d. 10^5 or over *Ref: Smith 17/e p196*

77. The most reliable urine specimen is obtained by: (UPSC 2005)
a. Urethral catheterization
b. Catheter aspiration
c. Midstream voiding
d. Suprapubic aspiration *Ref: Smith 17/e p195*

78. Epispadias is associated with: (All India 2008)
a. Bifid pubic symphysis
b. Chordee
c. Anal atresia
d. Intestinal obstruction
Ref: Smith 17/e p631-632; Oxford Handbook of Urology 2/e p652; Campbell 10/e p3369-3375; Bailey 26/e p1360, 25/e p1363-1364

79. Epispadias in relation to hypospadias: (PGI 2003)
a. Is more common
b. Less common
c. Occurs with the same frequency
d. Is difficult to treat

80. The Grayhack shunt is established between: (All India 2010)
a. Corpora cavernosa and corpora spongiosa
b. Corpora cavernosa and saphenous vein
c. Corpora cavernosa and dorsal vein
d. Corpora cavernosa and glans
Ref: Smith's Urology 17/e p632-633; Campbell's Urology 10/e p751; Bailey 26/e p1373, 25/e p1374; Glenn's Urologic Surgery 7/e p489, 490, 491

81. Persistent priapism is rarely seen as a consequence of: (ComedK 2010)
a. Sickle cell disease
b. Leukemia
c. Spinal cord disease
d. Prolonged sexual activity
Ref: Bailey 26/e p1373, 25/e p1374; Campbell 10/e p751

82. In Priapism, cavernous blood study will reveal: (MHSSMCET 2009)
a. PO2 <30%, PCo2 >60%
b. PCO2 >60%
c. PCO2 >60%
d. PO2 <60% *Ref: Campbell 10/e p757*

83. In children persistent priapism may result due to: (PGI 2002)
a. Thrombosis of venous plexus
b. Leukemia
c. Wilm's tumour
d. Trauma

84. The recommended treatment for preputial adhesions producing ballooning of prepuce during micturition in a 2-years old boy is: (AIIMS June 2003)
a. Wait and watch policy
b. Circumcision
c. Dorsal slit
d. Preputial adhesions release and dilatation
Ref: Smith's Urology 17/e p633; Campbell 10/e p964, 3539; Bailey 26/e p1359, 25/e p1371

85. A five-year-old child presents with ballooning of prepuce after micturition. Examination of penis reveals prepucial adhesions. Which of the following the best treatment: (All India 2011)
a. Adhesiolysis and dilatation
b. Circumcision
c. Dorsal slit
d. Conservative management

86. Which of the following is not an appropriate investigation for anterior urethral stricture: (AIIMS June 2008)
a. Magnetic resonance imaging
b. Retrograde urethrogram
c. Micturating cystourethrogram
d. High frequency ultrasound
Ref: Magnetic resonance imaging: Smith 17/e p633-636; Oxford Handbook of Urology 2/e p122; Campbell 10/e p967-983; Bailey 25/e p1367-1369

87. The commonest cause of an obliterative stricture of the membranous urethra is: (All India 2003)
a. Fall-astride injury
b. Road-traffic accident with fracture pelvis and rupture urethra
c. Prolonged catheterization
d. Gonococcal infection

88. The following are complications of stricture urethra except: (Karnataka 2003)
a. Periurethral abscess
b. Inguinal hernia
c. Hydronephrosis
d. Papilloma of bladder

89. Commonest cause of urethral stricture in a young person is: (Karnataka 96)
a. Trauma
b. Gonococcal
c. Syphilis
d. Tuberculosis

90. The recent treatment of short bridle passable stricture of urethra in the penile and bulbous urethra is: (MAHE 2005)
a. Internal urethrotomy with Thompson-Walker's urethrotome
b. Optical internal urethrotomy
c. Syme's operation
d. Wheelhouse operation *Ref: Campbell 10/e p971-972*

Ans.
73. b. Vesicoureteric reflux **74.** c. Cranberry **75.** a. E. coli **76.** d. 10^5 or over
77. d. Suprapubic… **78.** b. Chordee **79.** b. Less common **80.** b. Corpora cavernosa and…
81. d. Prolonged sexual… **82.** a. PO2<30%, PCO2>60% **83.** b. Leukemia **84.** a. Wait and watch policy…
85. b. Circumcision **86.** a. Magnetic resonance… **87.** b. Road-traffic accident… **88.** d. Papilloma of bladder
89. a. Trauma **90.** b. Optical internal…

91. Optical urethroplasty is done in: (UPPG 2007)

a. Congenital stricture of urethra
b. Hypospadias
c. Epispadias
d. Testicular tumors

Ref: www.ncbi.nlm.nih.gov › Postgrad Med J v.82(970; Aug 2006

92. On exertion urine stream increased in: (APPG 2003)

a. Prostate enlargement
b. Marion's disease
c. Posterior urethral valves
d. Urethral stricture

93. Post gonococcal stricture urethra is most commonly situated in the: (JIPMER 2005)

a. Bulbar urethra
b. Penoscrotal junction
c. Distal part of spongy urethra
d. Just distal to external meatus

94. True about congenital short urethra: (PGI Dec 2003)

a. Urethra is short
b. Opening is always ventral
c. Prepuce deficient ventrally
d. Splitting of the two secrotum in the midline
e. Spatulated penis

95. The posterior urethra is best visualized by: (AIIMS Nov 2005)

a. Static cystogram
b. Retrograde urethrogram
c. Voiding cystogram
d. CT cystogram *Ref: Sutton Radiology 7/e p898-899*

96. Narrowest part of the urethra is: (JIPMER 2001)

a. External meatus
b. Membranous urethra
c. Bulbous urethra
d. Internal meatus *Ref: BDC 4/e pvol-II/348-349*

97. Length of the male urethra:

a. 10 cm
b. 15 cm
c. 20 cm
d. 25 cm

98. Length of female urethra:

a. 2 cm
b. 4 cm
c. 6 cm
d. 8 cm

99. Which part of the male urethra is the widest and most distensible::

a. Prostatic
b. Membranous
c. Bulbous
d. Penile

100. The least dilatable part of the urethra:

a. Prostatic
b. Membranous
c. Spongy
d. All are equally dilatable

101. Bleeding penile ulcer is seen in all except: (Kerala 2008)

a. Syphilis
b. LGV
c. Chancroid
d. Granuloma inguinale

102. During urethral catheterization in male patients, resistance is encountered at the following sites except: (ICS 2005)

a. Base of navicular fossa
b. Mid-penile urethra
c. Urogenital diaphragm
d. Bulbomembranous junction

103. Smegma is secreted by: (DPG 2008)

a. Tyson gland
b. Brenner gland
c. Cowper's gland
d. Bartholin's gland

104. There is a high risk of renal dysplasia in:

a. Posterior urethral valve (AIIMS June 2003)
b. Bladder exstrophy
c. Anorectal malformation
d. Neonatal sepsis

105. Which of the following catheter materials is most suited for long term is used: (All India 2005)

a. Latex
b. Silicone
c. Rubber
d. Polyurethane *Ref: www.nursing-standard..co.uk*

106. All are indications for penile angiography except:

a. Painful priapism (AIIMS May 2009)
b. Peyronie's disease
c. Erectile dysfunction
d. Arterio-venous malformation

107. Narrowest part of urethra: (PGI SS June 2001)

a. External urethral meatus
b. Membranous urethra
c. Prostatic urethra
d. Bladder neck

108. Narrowest part of the urethra is: (MCI March 2009)

a. Prostatic urethra
b. Bulbar urethra
c. Penile urethra
d. Membranous urethra

109. Chordee is not seen in: (MHSSMCET 2005)

a. Hypospadias
b. Chronic urethritis
c. Priapism
d. Peyronie's disease

110. In "three glass test" shreds are presents in first glass only. The most probable diagnosis is: (DNB 2012)

a. Urethritis
b. Cystitis
c. Prostatitis
d. Renal pathology *Ref: Bailey 25/e p1366*

Ans.	**91.**	a. Congenital...	**92.**	d. Urethral stricture	**93.**	a. Bulbar Urethra	**94.**	a. Urethra is short
	95.	c. Voiding cystogram	**96.**	a. External meatus	**97.**	c. 20 cm	**98.**	b. 4 cm
	99.	a. Prostatic	**100.**	b. Membranous	**101.**	a. Syphilis	**102.**	b. Mid-penile urethra
	103.	a. Tyson gland	**104.**	a. Posterior urethral valve	**105.**	b. Silicone	**106.**	a. Painful priapism
	107.	a. External...	**108.**	d. Membranous urethra	**109.**	c. Priapism	**110.**	a. Urethritis

E. TESTIS AND SCROTUM

1. Best time for surgery of undescended testis is:
a. Just after birth (All India 2010)
b. 6 months of age
c. 12 months of age
d. 24 months of age

Ref: Smith 17/e p25, 690, 704; Campbell 10/e p3560-3574; Bailey 26/e p1377-1379, 25/e p1377-1379

2. Incidence of undescended testis in normal newborn:
a. 3%
b. 6% (DNB 2007)
c. 9%
d. 12%

3. Most common tumors in undescended testis:
a. Seminoma (DNB 2005, Punjab 2009)
b. Teratoma
c. Embryonal carcinoma
d. None

4. Stephen Fowler surgery is done for: (GB PANT 2010)
a. Ectopic testis
b. Undescended testis
c. Hypospadias
d. Epispadias

5. All can be prevented by orchiopexy in cryptorchidism except: (AIIMS Nov 2004)
a. Testicular tumor
b. Epididymoorchitis
c. Torsion of testis
d. Sexual ambiguity

6. Which of the following investigation is used to confirm anorchia: (AIIMS Nov 2013)
a. PET
b. MRI
c. Laparoscopy
d. USG

Ref: Smith 17/e p25, 690, 704; Oxford Handbook of Urology 2/e p618-620; Campbell 10/e p3560-3574; Bailey 26/e p111

7. Orchidopexy is done in cases of undescended tests at the age of: (AIIMS June 2006)
a. Infancy
b. 1-2 years
c. 5 years
d. Puberty

8. What is not seen in undescended testis: (AIIMS June 2001)
a. Hydrocele
b. Hernia
c. Teratoma
d. Seminoma

9. Incompletely descended testis is commonest on:
a. Right side (PGI 2005)
b. Left side
c. Both side
d. Right sided only

10. A 5-year-old male child has been brought with a complaint that there is only one testis in the scrotum. On examination, it is found that the testis on the opposite side is felt in the inguinal canal. The patients should be advised:
a. Orchiopexy (UPSC 2001)
b. To wait till puberty
c. Orchidectomy
d. Administration of androgens

11. Which one of the following statement is true of undescended testis: (UPSC 2002)
a. Usually descends spontaneously at puberty
b. Orchidopexy to be done if no descent by puberty
c. Has higher incidence of malignancy
d. Maintains normal sperm production

12. True about incompletely descended testis are all of the following except: (MCI March 2008)
a. Early repositioning can preserve function
b. It may lead to sterility, if bilateral
c. Poorly developed secondary sexual characters
d. May be associated with indirect inguinal. hernia

13. True about torsion of testis is all except: (AIIMS Nov 2001)
a. Presents with sudden pain in testis
b. Commonly associated with pyuria
c. Doppler U/S shows decreased blood flow to the testis
d. Simultaneous orchiopexy of the other side should also be done

Ref: Smith 17/e p704; Campbell 10/e p67, 3587-3594; Bailey 26/e p1379-1380, 25/e p1379-1380

14. A 30-year-old male patient presents with sudden onset swelling and pain over the right hemiscrotum. On examination the scrotum is reddened and tender. Which of the following statement about the affecting condition is not true:
a. Probable diagnosis is torsion (All India 2008)
b. The right testis is likely to ride high in the scrotal compartment.
c. If torsion confirmed, treat with antibiotics and analgesics and perform corrective surgery immediately
d. If torsion confirmed, treat with antibiotics and analgesics and perform corrective surgery after 14 days

15. All of the following abnormalities are predisposing causes for torsion of the testis except: (COMEDK 2006)
a. Inversion of testis
b. Low investment of tunica vaginalis
c. Between 10 to 25 years of age
d. Separation of the epididymis

Ans.	**1.** b. 6 months of age	**2.** a. 3%	**3.** a. Seminoma	**4.** b. Undescended testis
	5. a. Testicular tumor	**6.** c. Laparoscopy	**7.** a. Infancy	**8.** a. Hydrocele
	9. a. Right side	**10.** a. Orchiopexy	**11.** c. Has higher incidence…	**12.** c. Poorly developed…
	13. b. Commonly…	**14.** d. If torsion confirmed,…	**15.** b. Low investment of…	

16. All are true regarding torsion of the testis, except:
a. Common in adolescents and young adults (Orissa 2011)
b. Inversion of testis is the most common predisposing cause
c. Elevation of testis reduces the pain
d. If diagnosis is doubtful, prompt exploration is the rule

17. A 40-year-old man in suffering from fever and pain in scrotum which is not relieved by elevation of testis, 3 days before had sexual contact with a young female:
a. Testicular tumor (All India 2006)
b. Acute epididymitis
c. Torsion of testis
d. Acute orchitis

18. Torsion of testis has to be treated within: (DNB 2007)
a. Immediately
b. 6 hours
c. 12 hours
d. 15 hours

19. Most common site of ectopic testis: (GB PANT 2010)
a. Superficial inguinal pouch
b. Root of penis
c. Femoral trinangle
d. Perineum

Ref: Smith 17/e p25; Bailey 26/e p1379, 25/e p1379

20. Ectopic testis is found in all location except: (AIIMS 2000)
a. Lumbar
b. Perineal
c. Intra abdominal
d. Inguinal

21. Complication of ectopic testis is: (Kerala 2002)
a. Seminoma
b. Atrophy
c. Torsion
d. All

22. Predisposing factor of Testicular germ cell tumor:
a. Cryptorchidism (PGI Dec 2003)
b. Testicular feminization syndrome
c. Klinefelter's syndrome
d. Radiation
e. Trauma

Ref: Smith 17/e p375; Campbell 10/e p3725; Bailey 26/e p1385, 25/e p1385

23. Testicular cancer is common in: (All India 2000)
a. Ectopic testis
b. Undescended abdominal testis
c. Atrophic testis
d. Anteverted testis

24. Not true about varicocele is: (AIIMS Nov 2001)
a. Common on the right side
b. Can present as a later sign of renal cell carcinoma
c. Has bag of worm like feeling
d. Can lead to infertility

Ref: Smith's Urology 17/e p704-705, 143-144; Campbell's 10/e p3575-3582; Bailey 26/e p1380-1381, 25/e p1380-1381

25. Varicocele is common on left testis because:
a. Left testicular vein drains into IVC which has high pressure (All India 2001)
b. Left testicular vein drains into left renal vein which has high pressure
c. Left testis is lower situated
d. Compression of testicular vein by rectum

26. In the treatment of varicocele, testicular vein ligation is done at the level of: (DPG 2002)
a. Above inguinal ligament
b. Below inguinal ligament
c. Neck of the sac
d. Scrotum

27. Which is not true regarding varicocele: (All India 2003)
a. Testicular veins involved
b. More common on the right side
c. May be the first feature of a renal tumour
d. Feels like a bag of worms

28. A 58-year-old male presenting with acute onset of varicocele on left side most probable cause: (CMC 2004)
a. CA testes
b. Epididymitis
c. Inguinal lymph nodes
d. CA kidney

29. Varicocele of pampiniform plexus of veins has all the following characteristics except: (MPPG 2007)
a. Negative transillumination test
b. Reducible
c. Cough impulse is present
d. Frequently on right side

30. Most common cause of surgically treatable male infertility is: (MAHE 2004)
a. Varicocele
b. Cryptorchidism
c. Stricture urethra
d. Epididymitis

31. Which of the following is true about varicocele except:
a. Incompetent valves of testicular vein are responsible for varicocele (MAHE 2006)
b. 90% are on the left side
c. Asymptomatic cases require surgery
d. Femoral catheterization with spermatic vein ablation is done in recurrence

32. With reference to varicocele, which one of the following is not true of it: (UPSC 2007)
a. Varicosity of cremastric veins
b. Left side is affected usually
c. Feel like a bag of worms
d. May lead to infertility

33. After varicocele surgery, venous drainage occurs by:
a. Cremasteric veins (MHSSMCET 2006)
b. Penile veins
c. Ectopic in the iliac fossa
d. Present at the usual location

Ans.	**16.** c. Elevation of testis…	**17.** c. Torsion of testis	**18.** a. Immediately	**19.** a. Superficial inguinal pouch
	20. a. and c.	**21.** d. All	**22.** a, b, and c.	**23.** b. Undescended abdominal…
	24. a. Common on the…	**25.** b. Left testicular vein…	**26.** a. Above inguinal ligament	**27.** b. More common on the…
	28. d. CA kidney	**29.** d. Frequently on right side	**30.** a. Varicocele	**31.** c. Asymptomatic cases…
	32. a. Varicosity of…	**33.** a. Cremasteric veins		

34. True about varicocele is: (DNB 2007)
- a. More common on right side
- b. Can cause oligospermia
- c. No effect on valsalva
- d. Lies anterior to testis

35. A young adolescent male came with painless swelling in scrotum since 2-3 months. On palpation, it feels like a bag of worms. What is the possible diagnosis:
- a. Varicocele (MHSSMCET 2010)
- b. Testicular abscess
- c. Epididymo-orchitis
- d. Hydrocele

36. True about varicocele due to renal cell carcinoma is:
- a. More common on right side (MHPGMCET 2003)
- b. Temperature induced damage to testes occurs
- c. Cough impulse is positive
- d. Does not decompress in supine position

37. Operative managements of varicocele are indicated in which of the following conditions(s): (PGI Dec 2008)
- a. Ipsilateral testis small size
- b. Oligopsermia on semen analysis
- c. Grade- 3 varicocele (large size)
- d. Signs or symptoms present
- e. Subclinical presentation

38. Hydrocele is labeled 'vaginal' when it is: (AIIMS 2008)
- a. Limited to scrotum
- b. Upto inguinal canal
- c. Communicating into coelomic cavity
- d. Upto deep inguinal ring

Ref: Campbell 10/e p3582-3586; Bailey 26/e p1382, 25/e p1381-1382

39. Treatment of a large hydrocele in an infant: (Kerala 2000)
- a. Repeated aspirations
- b. Ligation of sac at the opening of inguinal canal
- c. Herniotomy
- d. Eversion of sac

40. Cause of hydrocele in infants: (CMC 2003)
- a. Patent processus vaginalis
- b. Patent gubernaculums
- c. Impaired drainage
- d. Epididymal cyst
- e. Infection

41. Congenital hydrocele is best treated by:
- a. Eversion of sac (DNB 2009, 2008, 2005, 2001, Punjab 2011, AIIMS June 2001)
- b. Excision of sac
- c. Lords procedure
- d. Herniotomy

42. Which is false about hydrocele: (APPG 2008)
- a. Almost always fluid is transudate
- b. Get above the swelling
- c. Testis is separate from swelling
- d. Obscures inguinal hernia

43. Lord's and Jaboulay's operation is done for: (AMU 2005)
- a. Rectal prolapsed
- b. Fistula in ano
- c. Inguinal hernia
- d. Hydrocele

Ref: Campbell 10/e p1009-1011; Bailey 26/e p1382, 25/e p1382

44. Classical treatment of hydrocoele: (DPG 2008)
- a. Aspiration
- b. Aspiration and sclerosant agent
- c. Surgery
- d. Tapping

45. Most common cause of acute epididymitis in males:
- a. E. coli (ComedK 2010, GB PANT 2011)
- b. Proteus
- c. Chlamydia trachomatis
- d. N. gonorrhoea

Ref: Smith's Urology 17/e p210-212, 704; Campbell's 10/e p3117-3118; Bailey 26/e p1384, 25/e p1383-1384

46. Positive Prehn's sign is: (DNB 2010)
- a. Elevation of testis increases pain of epididymitis
- b. Elevation of testis reduces pain of epididymitis
- c. Depression of testis increases pain of epididymitis
- d. Depression of testis reduces pain of epididymitis

47. T.B. testis first affects: (DPG 2005)
- a. Vas
- b. Epididymis
- c. Body of testis
- d. Tunica vaginalis

48. True about acute epididymitis is:
- a. Associated with urinary infection (All India 2005)
- b. Painless
- c. Scrotum size is reduced
- d. Does not mimic with torsion of testes

49. A 16-year-old boy presents with acute onset pain in the left testis. The following statements about his management are true except: (AIIMS Nov 2005)
- a. The patient should be prescribed antibiotics and asked to come after a week
- b. Colour flow Doppler will be very useful in diagnosis
- c. Scrotal exploration should be done without delay if Doppler is not available
- d. If left testis is not viable on exploration, patient should undergo left Orchidectomy and right orchidopexy

50. Orchitis without epididymitis is seen in: (All India 2002)
- a. Gonorrhoea
- b. Tuberculosis
- c. Syphilis
- d. Chlamydia infection

51. In differential diagnosis of epididymo-orchitis and torsion it is important that: (AIIMS 2007)
- a. Elevation of testis in torsion relieves pain
- b. Elevation of testis in epididymoorchitis relieves pain
- c. Tenderness is characteristic of torsion of testis
- d. Fever is characteristic of epididymoorchitis

Ref: Smith's Urology 17/e p210-212, 704; Campbell's 10/e p3117-3118; Bailey 26/e p1384, 25/e p1383-1384

Ans. **34.** b. Can cause… **35.** a. Varicocele **36.** a. More common on… **37.** a, b and d.
38. a. Limited to scrotum **39.** c. Herniotomy **40.** a. Patent processus… **41.** d. Herniotomy
42. c. Testis is… **43.** d. Hydrocele **44.** c. Surgery **45.** c. Chlamydia…
46. b. Elevation of testes… **47.** b. Epididymis **48.** a. Associated with urinary… **49.** a. The patient…
50. c. Syphilis **51.** b. Elevation of testis…

52. Regarding spermatocele which is correct: (PGI 2000)
a. Occurs in head of epididymus
b. Barely water fluid in appearance
c. Tender
d. Contain spermatozoa
Ref: Bailey 26/e p1383, 25/e p1383

53. Chinese lantern on transillumination seen in:
a. Spermatocele
b. Epididymal cyst
c. Hydrocele of cord
d. Secondary Hydrocele

54. Regarding spermatocele all are correct except:
a. Occurs in the head of Epididymis
b. Barley water fluid
c. Tender
d. Contain spermatozoa

55. Most radiosensitive testicular tumour is: (MCI March 2008)
a. Seminoma
b. Teratoma
c. Interstitial tumours
d. Lymphoma
Ref: Smith's Urology 17/e p375-383; Campbell's 10/e p838; Bailey 26/e p1385-1386; CSDT 11/e p1071

56. Most common testicular tumour in 4th decade:
a. Teratoma (MCI Sept 2008)
b. Dermoid
c. Seminoma
d. All of the above

57. Which of the following is false about testicular tumor:
a. Pure seminoma is more aggressive than non-seminoma
b. Seminoma is radiosensitive (AIIMS May 2009)
c. Seminoma can be treated by orchidectomy with radiotherapy
d. Seminoma spreads commonly through lymphatics
Ref: Smith 17/e p375-381; Campbell 10/e p3725-3729; Bailey 26/e p1385-1386, 25/e p1384-1387

58. A patient presented with a hard swelling in this right testis. All are true statements except: (AIIMS Nov 2001)
a. Trans scrotal biopsy is needed
b. Inguinal exploration is done
c. High inguinal exploration should be done
d. Scrotal USG is done

59. Germ cell tumors of testis are: (PGI June 2001)
a. Seminoma
b. Teratoma
c. Leydig cell tumour
d. Gynandroblastoma
e. Rhabdomyoma
Ref: Smith's Urology 17/e p375-383; Campbell's 10/e p838; CSDT 11/e p1071

60. Most common testicular tumor in prepubertal adults is:
a. Yolk sac tumor (AIIMS May 2008)
b. Embryonal cell Ca
c. Seminoma
d. Teratoma *Ref: Smith 17/e p376; Campbell 10/e p840-842*

61. Intratubular germ cell tumor found adjacent to:
a. Spermatocytic seminoma (PGI May, Dec 2006)
b. Dysgerminoma
c. Yolk sac tumor
d. Embryonal carcinoma
e. Choriocarcinoma
Ref: Smith 17/e p377; Campbell 10/e p838-842, 850-851, 9/e p899

62. Which of the following is not seen in testicular carcinoma:
a. Abdominal lump (APPG 2006)
b. Epidydimoorchitis
c. Inguinal lymphadenopathy
d. Hydrocele

63. All of the following clinicopathologic features are seen more often in seminomas as compared to non-seminomatous germ cell tumors of the testis except:
a. Tumors remain localized to testis for a long time
b. They are radiosensitive (AIIMS May 2005, Nov 2004)
c. They metastasize predominantly by lymphatics
d. They are often associated with raised levels of serum AFP and HCG
Ref: Smith 17/e p375-381; Campbell 10/e p3725-3729

64. Following statements are true about germ cell tumors of testis except: (AIIMS Nov 2002)
a. They constitute 90-95% of pall primary testicular tumors
b. Seminoma is the most common tumor developing in the patients with cryptorchid testis
c. AFP is markedly raised in all germ cell tumors
d. High inguinal orchidectomy is the initial surgical procedure

65. Testicular tumor with best prognosis is: (PGI Dec 2003)
a. Teratoma
b. Seminoma
c. Choriocarcinoma
d. All of the above
Ref: Smith 17/e p376; Campbell 10/e p840, 862-866, 9/e p894-895; Bailey 26/e p1385, 25/e p1385-1387

66. Marker for testicular tumor is: (AIIMS June 97, PGI June 95)
a. Beta-hCG
b. Acid phosphatase
c. Alkaline phosphatase
d. Alpha-fetoprotein

67. A testicular tumor in a man aged 60-years is; most likely to be:
a. Germ cell tumor (All India 2001)
b. Sertoli cell tumor
c. Teratocarcinoma
d. Lymphoma *Ref: Smith 17/e p382; Campbell 10/e p868-869*

68. Shyam, a 50-year-old male presents with a hard scrotal swelling. All of the following can be done except:
a. Testicular biopsy (AIIMS June 2001)
b. Chest X-ray
c. Inguinal exploration
d. CT abdomen

Ans.
52. a, b and d. **53.** a. Spermatocele **54.** c. Tender **55.** a. Seminoma
56. c. Seminoma **57.** a. Pure seminoma is more… **58.** a. Trans scrotal biopsy… **59.** a. Seminoma, b. Teratoma
60. d. Teratoma **61.** b, d and e. **62.** c. Inguinal… **63.** d. They are often associated …
64. c. AFP is markedly… **65.** b. Seminoma **66.** a. and d. **67.** d. Lymphoma
68. a. Testicular biopsy

69. Regarding testicular tumour, the following are false except: (AIIMS June 2003)
a. They are commonest malignancy in older man
b. Seminomas are radiosensitive
c. Only 25% of stage I teratomas are cured by surgery alone
d. Chemotherapy rarely produces a cure in those with metastatic disease

70. Placental alkaline phosphatase is marker of: (PGI Dec 2002)
a. Theca cell tumour
b. Teratoma
c. Choriocarcinoma
d. Seminoma

71. Tumor marker for seminoma: (AIIMS Nov 2013)
a. PLAP
b. LDH
c. AFP
d. HCG

Ref: Smith 17/e p375-381; Campbell 10/e p3725-3729; Bailey 25/e p1384-1387

72. What % of testicular carcinoma is associated with cryptorchidism: (PGI Dec 2008)
a. 10%
b. 30%
c. 70%
d. 90% *Ref: Smith 17/e p375*

73. Which of the following statements is true regarding testicular tumors: (All India 2006)
a. Are embryonal cell carcinomas in 95% of cases
b. Bilateral in upto 10% cases
c. Teratomas are more common than seminomas
d. Usually present after 50-years of age

74. Which of the following is true about seminoma: (PGI Dec 2005)
a. It is radiosensitive
b. It arises only from cryptorchid testis
c. AFP is increased
d. It is chemosensitive

75. Testicular teratoma in adults is: (DNB 2011)
a. Benign
b. Malignant
c. Locally agressive
d. Border line

76. It is true about seminoma testis that: (AIIMS 2006)
a. It commonly occurs in the 6th decade
b. An undescended tests is more liable to develop this tumour
c. Histologically it resembles dysgerminoma of the ovary
d. It is radioresistant

77. Seminoma testis is seen: (Assam 2008)
a. Always in undescended testis
b. Always bilateral
c. Occurs in younger
d. Occurs in elderly

78. Testis tumor is associated with secondary hydrocele in: (Karnataka 2005)
a. 1% of cases
b. 10% of cases
c. 20% of cases
d. 30% of cases *Ref: Smith 17/e p379*

79. Most common testicular tumor in prepubertal adults is: (AIIMS May 2008)
a. Yolk sac tumor
b. Embryonal cell Ca
c. Seminoma
d. Teratoma

80. Carcinoma testis, the lymphatic metastasis goes to the first site seen in: (UPPG 2010)
a. Para-aortic lymph nodes
b. Superficial inguinal nodes
c. Deep inguinal nodes
d. Internal iliac nodes

81. A 25-year-old man presents with hydrocele on the left side. Associated condition could be a:
a. Nephroma
b. Hepatic malignancy
c. Testicular tumour
d. Penile malignancy

82. All are true regarding seminoma except: (UPPG 2009)
a. Common in age between 35 and 45 years
b. Metastasis to lymphatics
c. Radioresistant
d. Not seen before puberty

83. Seminoma of testis has all the following tumour markers except: (ComedK 2006)
a. AFP
b. HCG
c. LDH
d. Alkaline phosphate

84. Most malignant testicular tumour is: (DNB 2004)
a. Seminoma
b. Teratoma
c. Choriocarcinoma
d. Embryonal carcinoma

85. A 20-year-old male presents with scrotal mass. The first investigation to be done is: (JIPMER 2011)
a. Clinical evaluation (Palpation and transillumination)
b. USG
c. Biopsy
d. AFP

86. Most radiosensitive testicular tumor is: (UPSC 2005, MHPGMCET 2002)
a. Seminoma
b. Teratoma
c. Lymphoma
d. Sertoli cell tumor

87. Testicular tumor, that is rare in childhood: (MHPGMCET 2006)
a. Seminoma
b. Teratoma
c. Interstitial cell tumor
d. None

Ans. **69.** b. Seminomas are… **70.** d. Seminoma **71.** a. PLAP **72.** a. 10%
73. None **74.** a. It is radiosensitive **75.** b. Malignant **76.** b. An… and c. Histologically it…
77. c. Occurs in younger **78.** b. 10% of cases **79.** d. Teratoma **80.** a. Para-aortic lymph nodes
81. c. Testicular tumour **82.** c. Radio resistant **83.** a. AFP **84.** c. Choriocarcinoma
85. a. Clinical evaluation… **86.** a. Seminoma **87.** a. Seminoma

88. Testicular tumor can simulate: (PGI SS June 2004)
a. Hydrocele
b. Hematocele
c. Acute epididymoorchitis
d. Chronic orchitis

89. Fournier's gangrene occurs in the: (JIPMER 2005)
a. Toes
b. Scrotum
c. Fingers
d. Muscles
Ref: Campbell 10/e p324-325; Bailey 26/e p1388, 25/e p1387-1388

90. All are features of Fournier's gangrene except:
a. Testicles are involved (MAHE 2007)
b. Obliterative arteritis seen
c. Hemolytic streptococci, isolated
d. Necrotizing fasciitis

91. All are features of Fournier's gangrene except:
a. Testicles are involved (MAHE 2008)
b. Obliterative arteritis seen
c. Hemolytic streptococci
d. Necrotising fasciitis
e. E. coli, staphylococci, Cl. welchii can be isolated

92. Fournier's gangrene is seen in: (MCI Sept 2008)
a. Scrotum
b. Shaft of penis
c. Base of penis
d. Glans penis

93. Subcapsular orchiectomy is done for cancer of:
a. Tests (DNB 2008)
b. Prostate
c. Penis
d. Urethra *Ref: Bailey 25/e p1378; Smith 17/e p368*

94. Ligation of cord in orchidectomy for treatment of testicular tumor is done at: (PGI 2006)
a. External ring
b. Internal ring
c. Base of scrotum
d. Just above epididimis *Ref: Bailey 26/e p1387, 25/e p1387*

95. Subcapsular orchidectomy is done for cancer of: (DPG 2005)
a. Testis
b. Prostate
c. Penis
d. Male breast cancer

96. Orchidectomy is not done in: (AIIMS June 2001)
a. Prostate cancer
b. Seminoma testes
c. Filarial epididemo-orchitis
d. Male breast cancer

97. Orchiectomy is not indicated in: (AIIMS Nov 2003)
a. Seminoma testis
b. Prostatic carcinoma
c. Tubercular epididymitis
d. Male breast cancer *Ref: Bailey 25/e p1358, 1382, 1387*

98. High inguinal orchidectomy specimen showed tumor testis with involvement of epididymis without vascular invasion; stage is: (MAHE 2007)
a. T1
b. T2
c. T3
d. T4
Ref: Campbell 10/e p3726-3727

99. High inguinal orchiectomy specimen showed teratoma testis with involvement of epididymis; stage is:
a. T1 (DNB 2011, **MAHE 2008)**
b. T2
c. T3
d. T4b

100. Not true of sertoli cell tumour: (Punjab 2009)
a. Poor response to radiotherapy
b. Prominent lymphocytes in section
c. Common in adults
d. Can be malignant in 10-20% of cases
Ref: Smith 17/e p381; Campbell 10/e p867-868

101. Stage I seminoma testis, treatment of choice is:
a. High inguinal orchidectomy (AIIMS Nov 2001)
b. High inguinal orchidectomy and radiotherapy
c. Radiotherapy and chemotherapy
d. Trans-scrotal orchidectomy

102. The treatment of metastatic testicular carcinoma is:
a. Bleomycin, Etoposide, Cisplatin (PGI June 2007)
b. Vinablastine, Etoposide, Cisplatin
c. Doxorubicin, 5-FU, mercaptopurine
d. Methotrexate, 5-FU, Vincristine

103. A 27-year- old man presents with a left testicular tumor with a 10cm retroperitoneal lymph node mass. The treatment of choice is: (All India 2003)
a. Radiotherapy
b. Immunotherapy with interferon and interleukins
c. Left high inguinal orchiectomy plus chemotherapy
d. Chemotherapy alone
Ref: Smith 17/e p379-381; Campbell 10/e p871-873, 3726-3727; Bailey 25/e p1386-1387

104. Treatment of extragonadal germ cell tumour is:
a. Chemotherapy (All India 2005)
b. Radiotherapy
c. Surgery
d. Immunotherapy

105. Which one of the following is the treatment of choice for a 4cm retroperitoneal lymph node mass in a patient with non seminomatous germ cell tumor of the testis:
a. Radical radiotherapy alone (AIIMS Nov 2004)
b. High orchidectomy + RPLND
c. RPLND alone
d. High orchidectomy alone

Ans.	**88.** b. Hematocele	**89.** b. Scrotum	**90.** a. Testicles are involved	**91.** a. Testicles are involved
	92. a. Scrotum	**93.** b. Prostate	**94.** b. Internal ring	**95.** b. Prostate
	96. c. Filarial…	**97.** c. Tubercular epididymitis	**98.** a. T1	**99.** a. T1
	100. b. Prominent…	**101.** b. High inguinal…	**102.** a. Bleomycin,…	**103.** c. Left high inguinal…
	104. a. Chemotherapy	**105.** b. High Orchidectomy…		

106. A patient comes with stage III non seminomatous testicular tumor, treatment of choice is: (AIIMS June 2007)
a. Radiotherapy
b. Chemotherapy
c. Hormonal therapy
d. Surgery

107. Disseminated seminoma is treated by: (PGI 2008)
a. Chemotherapy or radiotherapy and ochidectomy
b. Only radiotherapy
c. Only chemotherapy
d. RPLND

108. Stage-II testicular teratoma is treated by:
a. Orchidectomy + RPLND (DNB 2008, 2005, AMU 05)
b. Orchidectomy + Chemotherapy
c. Orchidectomy
d. Radiotherapy
Ref: Smith 17/e p376; Campbell 10/e p841, 3727-3728; Bailey 25/e p1385-1387

109. Treatment of stage I teratoma is: (MCI Sept 2008)
a. Chemotherapy
b. Radiotherapy
c. Chemotherapy plus Radiotherapy
d. Observation /RPLND

110. Which of the following is a known complication of modified RPLND (Retroperitoneal lymph node dissection) done for non-seminomatous germ cell tumor of testis:
a. Impotence (MHSSMCET 2005)
b. Bladder atony
c. Dry ejaculation
d. Retrograde ejaculation *Ref: Smith 17/e p380*

111. Which of the following testicular tumor does not require RPLND: (MHSSMCET 2005)
a. Germ cell tumor
b. Embryonal cell tumor
c. Seminoma
d. Teratoma

112. Treatment of Non-seminomatous germ cell tumor of testis with more than 4 cm RPLN includes: (PGI May 2011)
a. RPLND
b. Inguinal orchidectomy
c. Chemotherapy
d. Radiotherapy
e. Orchidectomy through mid testicular incision

113. The lymph nodes first involved in cancer of the skin of the scrotum are: (Karnataka 2005)
a. Superficial inguinal
b. External iliac
c. Para aortic
d. Gland of Cloquet *Ref: Smith's Urology 17/e p387*

114. Dermoid arises from: (PGI June 2006)
a. Pluripotent cell
b. Totipotent cell
c. Ectoderm
d. Mesoderm

115. Differential diagnosis of acute funiculitis with a small inguinal swelling is: (TN 2008)
a. Undescended testes
b. Acute orchitis
c. Lymphadenitis
d. Small strangulated inguinal hernia

116. Which of the following closely mimics testicular malignancy: (JIPMER 81, DPG 79, 93)
a. Hydrocele
b. Hematocele
c. Spermatocele
d. Cyst of epididymis

117. The life of preserved semen for artificial insemination is:
a. One year (PGI 82, DNB 90)
b. Two years
c. Five years
d. Ten years
e. Fifty years

118. Best indication for testicular biopsy in a male is:
a. Polyspermia (All India 2008)
b. Oligospermia
c. Necrospermia
d. Azoospermia *Ref: Smith 17/e p696*

119. Which of the following structure in the spermatic cord is not damaged during vasectomy: (AIIMS Nov 2012)
a. Testicular artery
b. Ilioinguinal nerve
c. Autonomic nerves
d. Pampiniform plexus
Ref: BDC 5/e vol II p224; 4/e vol II p201, 208; Snells 7/e p175-177; Grays Anatomy 40/e p1262

Ans.
106. b. Chemotherapy **107.** a. Chemotherapy or… **108.** a. Orchidectomy + RPLND **109.** d. Observation /RPLND
110. d. Retrograde… **111.** c. Seminoma **112.** a. RPLND, b. Inguinal… **113.** a. Superficial inguinal
114. b. Totipotent cell **115.** d. Small strangulated… **116.** b. Hematocele **117.** d. Ten years
118. d. Azoospermia **119.** b. Ilioinguinal nerve

5. CARDIOTHORACIC VASCULAR SURGERY

A. Arterial Disorders
B. Venous Disorders
C. Lymphatic System
D. Thorax and Lung

CARDIOTHORACIC VASCULAR SURGERY (QUESTIONS)

A. ARTERIAL DISORDERS

1. **Re-implantation time for lower limb is:** (Kerala 2007)
   a. 6 hours
   b. 4 hours
   c. 8 hours
   d. 10 hours

Ref: Emergency Trauma by Kaushal Shah, Daniel Egan, Joshua Quaas– 2010/679

2. **Stump pain is relieved by:** (Kerala 2006)
   a. Continuous tapping over the stump
   b. Warming up the stump
   c. Using steroids
   d. Using analgesics

Ref: www.stoppain.org/pain_medicine/content/chronicpain/phantom.asp

3. **For reimplantation surgery, the detached digit or limb is best preserved in cold:** (UPSC 2000)
   a. Glycerol
   b. Distilled water
   c. Hypertonic saline
   d. Isotonic saline

4. **Phantom limb is based upon:** (DNB 2009)
   a. Law of projection
   b. Webers law
   c. Munro-Kellie doctrine
   d. Renshaw cell inhibition *Ref: Ganong 22nd/125*

5. **Indications for sympathectomy are all except:**
   a. Intermittent claudication (MHPGMCET 2003)
   b. Ischemic pains
   c. Rest pains
   d. Buerger's disease

Ref: Sabiston 19/e p1903; Schwartz 9/e p771; Bailey 25/e p924

6. **Lumbar sympathectomy is of value in the management of:**
   a. Intermittent claudication (All India 2009, 2005)
   b. Distal ischemia affecting the skin of the toes
   c. Arteriovenous fistula
   d. Back pain

Ref: Sabiston 19/e p1903; Schwartz 9/e p771; Bailey 25/e p924

7. **Sympathectomy is indicated in all following conditions except:** (All India 2009, 2003, Punjab 2007)
   a. Ischemic ulcers
   b. Intermittent claudication
   c. Anhidrosis
   d. Acrocyanosis

Ref: Sabiston 19/e p1903; Schwartz 9/e p771; Bailey 26/e p900, 25/e p924

8. **Which of the following is spared in lumbar sympathectomy:**
   a. L1
   b. L2 (MCI Sept 2009)
   c. L3
   d. L4

Ref: Sabiston 19/e p1903; Bailey 25/e p924

9. **In all of the following, sympathectomy is effective except one:** (AIIMS Sept 2005)
   a. Intermittent claudication
   b. Hyperhydrosis
   c. Raynaud's disease
   d. Causalgia

10. **Lumbar sympathectomy is not indicated in:** (AIIMS June 2007)
    a. Healing of ulcer over great toe
    b. Claudication
    c. Rest pain
    d. Buerger's disease

11. **Which of the following best responds to sympathectomy:**
    a. Buerger's disease (JIPMER 2006)
    b. Hyperhydrosis
    c. Raynaud's disease
    d. Acrocyanosis

12. **In extraperitoneal approach, to left sympathectomy the following may be injured:**
    a. Ureter
    b. Gonadal vessels
    c. A+B
    d. IVC

13. **In a lumbar sympathectomy the sympathetic chain in its usual position is likely to be confused with the:**
    a. Ureter (PGI 2007)
    b. Psoas minor
    c. Genitofemoral nerve
    d. Ilioinguinal nerve
    e. Lymphatics

14. **Removal of L1 ganglion in sympathectomy results in:**
    a. Impotence (DNB 2006)
    b. Retention of urine
    c. Sterility
    d. Causalgia

15. **One of the following is not indicated for arterial leg ulcer:**
    a. Debridement (PGI 2006)
    b. Elevation of limb
    c. Head end of bed is raised
    d. Low dose aspirin

Ref: Schwartz 9/e p224-225; Bailey 26/e p878, 917, 25/e p933-935

Ans.	**1.**	a. 6 hours Essential	**2.**	**d. Analgesics**	**3.**	d. Isotonic saline	**4.**	a. Law Projection
	5.	a. Intermittent...	**6.**	b. Distal ischemia...	**7.**	c. Anhidrosis b. Inter...	**8.**	a. L1
	9.	a. Intermittent ...	**10.**	b. Claudication	**11.**	b. Hyperhydrosis	**12.**	c. A+B
	13.	b, c and e.	**14.**	c. Sterility	**15.**	b. Elevation of limb		

16. Which of the following statement is not true:
- a. Ankle brachial index <0.5 indicates critical limb ischemia
- b. Ankle brachial index changes during exercise and rest
- c. Ankle brachial index >1 is normal (AIIMS Nov 2011)
- d. Smoking is more specific for peripheral vascular disease than coronary artery disease

Ref: Harrison 18/e p2067; Sabiston 19/e p1730; Schwartz 9/e p751; Bailey 26/e p878, 25/e p900-902

17. A patient with critical lower limb ischemia presents with:
- a. Intermittent claudication
- b. Intermittent claudication and gangrene
- c. Rest pain and ischemic ulcers (All India 2009)
- d. Intermittent claudication and ischemic ulcers

Ref: Harrison 18/e p2067; Sabiston 19/e p1738-1739; Schwartz 9/e p751-753; Bailey 26/e p878, 25/e p900-902

18. An adult patient with leg pain and gangrene of toe. His ankle to brachial arterial pressure ratio would be less than:
- a. 1 (DNB 2011)
- b. 0.3
- c. 0.5
- d. 0.8

19. Not included in treatment of Buerger's disease:
- a. Lumbar sympathectomy (PGI May 2011)
- b. Endovascular stent
- c. Rheostatic agent
- d. Extra-anatomical bypass

Ref: Sabiston 19/e p1752-1753; Schwartz 9/e p771; Bailey 26/e p899-900, 25/e p923-924

20. All are true about intermittent claudication except:
- a. Most common in calf muscle (PGI May 2010)
- b. Pain in positional
- c. Atherosclerosis is important predisposing factor
- d. Relieved by rest

21. A 45-year-old male having a long history of cigarette smoking presented with gangrene of left foot. An amputation of the left foot was done. Representative sections from the specimen revealed presence of arterial thrombus with neutrophilic infiltrate in the arterial wall. The inflammation also extended into the neighboring veins and nerves. The most probable diagnosis is: (AIIMS May 2006)
- a. Takayasu arteritis
- b. Giant cell arteritis
- c. Hypersensitivity angitis
- d. Thromboangitis obliterans

22. True statement of Buerger's disease is/are: (PGI June 2004)
- a. Small and medium sized vessels involved
- b. Commonly involves upper limb than lower limbs
- c. Common in male
- d. Common in female

23. Drug used for Buerger's disease: (MAHE 2005)
- a. Xanthinol nicotinate
- b. Propranolol
- c. GTN
- d. All of the above

24. Buerger's disease usually affects all of the following except: (MCI Sept 2009, 2010)
- a. Small sized arteries
- b. Medium sized arteries
- c. Large arteries
- d. Deep veins

25. Superficial thrombophlebitis is seen in: (MCI March 2005)
- a. AV fistula
- b. Raynaud's disease
- c. Buerger's disease
- d. Aneurysm

26. Which of the following is true about Buerger's disease:
- a. Atherosclerotic (AIIMS Nov 2012)
- b. Neural involvement present
- c. Ulnar artery and peroneal arteries involved
- d. Only arteriole is involved

Ref: Robbins 8/e p517; Sabiston 19/e p1752-1753; Schwartz 9/e p771; Bailey 25/e p923-924; Harrison 18/e p2069

27. True about ischemic rest pain: (PGI May 2010)
- a. More in night
- b. MC in calf muscle
- c. Increase upon elevation of limbs
- d. Relieved by dependent position
- e. Often associated with trophic changes

Ref: Sabiston 19/e p1738; Schwartz 9/e p753; Bailey 26/e p878, 25/e p923-924

28. Most common vessels to be affected in Buerger's disease:
- a. Femoral artery (MCI March 2005)
- b. Iliac artery
- c. Popliteal artery
- d. Anterior and posterior tibial artery

29. Most common cause of gangrene of foot of 30-years old farmer who is a chronic smoker: (AIIMS Nov 2006)
- a. Raynaud's disease
- b. Myocardial infarction
- c. Atherosclerosis
- d. Thromboangitis obliterans

Ans.

16. d. Smoking is more....
17. c. Rest pain...
18. b. 0.3.
19. b. Endo..., d. Extra....
20. b. Pain in positional....
21. d. Thromboangitis...
22. a. Small and medium....
23. a. Xanthinol... .
24. c. Large arteries.
25. c. Buerger's disease.
26. b. Neural ...
27. a, b. c.d. e
28. d. Anterior and...
29. d. Thromboangitis ...

30. Ramu, a 40-year-old male, a chronic smoker presents with claudication and a medial leg ulcer. For the past following procedures would not relieve his rest pain:
a. Lumbar sympathectomy (AIIMS June 2001)
b. Omentoplasty
c. Conservative amputation
d. Femoropopliteal bypass

31. Which one is not true regarding Buerger's disease:
a. Men are usually involved (AIIMS June 2004)
b. Occurs below 50 years of age
c. Smoking is predisposing factor
d. Veins and nerves are never involved

32. All of the following are the clinical feature of thromboangitis obliterans except: (All India 2002)
a. Raynaud's phenomenon
b. Claudication of extremities
c. Absence of popliteal pulse
d. Migratory superficial thrombophlebitis

33. Buerger's disease is associated with: (PGI June 2002)
a. Smoking
b. Poor nutrition
c. Alcohol
d. Prolonged standing
e. Superficial thrombophlebitis

34. Buerger's disease affects all excepts: (DNB 2009)
a. Lymphatics
b. Small vessels
c. Nerves
d. Veins

35. Most common cause of death in patients with Buerger's disease is: (AIIMS 2007)
a. Gangrene
b. Pulmonary embolism
c. Myocardial infarction
d. Carcinoma lung

36. Buerger's disease is seen in: (PGI 2009)
a. Only male
b. Age less than 40
c. Age more than 40
d. Smoker

37. Commonest site of thromboangitis obliterans is:
a. Femoral artery (All India 2000)
b. Popliteal artery
c. Iliac artery
d. Pelvic vessels

38. Following are used in treatment of Buerger's disease except: (All India 2003)
a. Trental
b. Anticoagulation
c. Sympathectomy
d. Antiplatelets

39. Acute vascular ischemia manifests as: (PGI Dec 2008)
a. Pulselessness
b. Paralysis
c. Flushing
d. Anaesthesia
e. Coolness

Ref: Sabiston 19/e p1751; Schwartz 9/e p754; Bailey 26/e p888, 25/e p899-901

40. Syndrome of internal iliac artery occlusion manifested by:
a. Pain in calf (PGI June 2005)
b. Absent pulse at the dorsalis pedis artery
c. Intermittent claudication
d. Gangrene

Ref: Sabiston 19/e p1710-1718; Schwartz 9/e p742-750; Bailey 26/e p837, 879 25/e p901

41. The most common cause of peripheral limb ischemia in India is: (AIIMS Nov 2005)
a. Trauma
b. Atherosclerosis
c. Buerger's disease
d. Takayasu disease

Ref: ASI Surgery/1333

42. Which among the following is not a feature of peripheral arterial occlusion: (NEET Pattern, AIIMS Nov 2006)
a. Shock
b. Pallor
c. Pain
d. Pulselessness

43. Not a feature of acute arterial occlusion:
a. Cyanosis (DNB 2010, AIIMS Nov 2008)
b. Pallor
c. Paralysis
d. Paraesthesia

44. Peripheral arterial occlusion (sudden onset) is characterized by all except: (PGI June 2000, Dec 2009)
a. Paraesthesia
b. Rubor
c. Pallor
d. Pain

45. What will be the diagnosis of Ramu, who is 45-years old male with history of chronic smoking and pain in lower limb due to blockage of femoral artery:
a. Thromboangitis obliterans (AIIMS Feb 2007)
b. Atherosclerosis
c. Embolism
d. Arteritis

Ref: Sabiston 19/e p1726, 1752, 1753; Schwartz 9/e p753-754; Bailey 26/e p878, 25/e p899-901

Ans.	**30.** d. Femoropopliteal...	**31.** d. Veins and nerves ...	**32.** c. Absence	**33.** a. Smoking, e. Superficial...
	34. a. Lymphatics	**35.** c. Myocardial...	**36.** a., b., c., d.,	**37.** None
	38. b. Anticoagulation	**39.** a., b., d., e.	**40.** None	**41.** b. Atherosclerosis
	42. a. Shock.	**43.** a. Cyanosis	**44.** b. Rubor	**45.** b. Atherosclerosis

46. Fogarty's catheter is used for: (UPSC 2007)

a. Drainage of urinary bladder
b. Parenteral hyperalimentation
c. Removal of embolus form blood vessels
d. Ureteric catheterization

Ref: Sabiston 19/e p1751-1752; Schwartz 9/e p755-756; Bailey 26/e p890, 25/e p911

47. Which one of the following is not a symptom of atherosclerotic occlusive disease at the bifurcation of aorta (Leriche syndrome): (UPSC 2008)

a. Claudication of buttock and thigh
b. Claudication of the calf
c. Sexual impotence
d. Gangrene localized to the feet

48. Intermittent claudication is defined as: (All India 2009)

a. Pain in muscle at rest only
b. Pain in muscle on first step
c. Pain in muscle on exercise only
d. Pain in muscle on last step

Ref: Sabiston 19/e p1738; Schwartz 9/e p754-755; Bailey 26/e p878-879, 25/e p899-900

49. Pseudoclaudication is caused by: (All India 2009)

a. Femoral artery stenosis
b. Popliteal artery stenosis
c. Lumbar canal stenosis
d. Radial artery stenosis

Ref: Sabiston 19/e p1738; Schwartz 9/e p753-755; Bailey 26/e p878-879, 25/e p923-924

50. In a subclavian artery block at outer border of 1st rib, all of the following arteries help in maintaining the circulation to upper limb except: (AIIMS May 2011)

a. Subscapular artery
b. Superior thoracic artery
c. Thyrocervical trunk
d. Suprascapular artery

Ref: BDC 4/e pvol I/56, 82

51. Both arterial and venous thrombosis occur in: (PGI Nov 2011)

a. Antiphospholipid antibodies
b. Antithrombin III deficiency
c. Hyperhomocysteinemia
d. Protein C deficiency
e. Mutation in factor V gene

Ref: Harrison 18/e p462; Sabiston 19/e p1813; Schwartz 9/e p754, 781

52. Maximum tourniquet time for the upper limb is: (JIPMER 2008)

a. 1/2 hour
b. 1 hour
c. 1.5 hours
d. 2 hours
e. 2.5 hours

Ref: Bailey 25/e p206-207

53. Intermittent claudication at the level of the hip indicates: (PGI 2000)

a. Popliteal artery occlusion
b. Bilateral iliac artery occlusion
c. Common femoral occlusion
d. Superficial femoral artery occlusion

Ref: Sabiston 19/e p1727-1728; Schwartz 9/e p753; Bailey 26/e p879, 25/e p901

54. Management of a case of iliac artery embolism requires: (JIPMER 2001)

a. Embolectomy
b. Injection
c. Hypotensive therapy
d. Sympathectomy

Ref: Sabiston 19/e p1751-1752; Schwartz 9/e p752-756; Bailey 26/e p888-891, 25/e p909-911

55. Intermittent claudication is caused by: (TN 2003)

a. Venous occlusion
b. Arterial insufficiency
c. Neural compression
d. Muscular dystrophy

56. Treatment of acute femoral embolus is: (AIIMS 2003)

a. Warfarin
b. Heparin
c. Immediate embolectomy
d. Embolectomy after 5 days bed rest

57. A useful though temporary improvement in a patient's ischemic foot can be attained by giving intravenously: (PGI 2007)

a. 10% Mannitol
b. 10% Dextrose
c. Dextran-40
d. Dextran-100

58. All are true about embolic arterial occlusion except: (JIPMER 2005)

a. No previous history
b. Muscles are unaffected
c. Pulse is absent
d. Anesthesia is present

59. Most common cause of abdominal aortic aneurysm is: (All India 2010)

a. Atherosclerosis
b. Trauma
c. Syphilis
d. Vasculitis

Ref: Harrison 18/e p2062-2063; Sabiston 19/e p1697; Schwartz 9/e p723; Bailey 26/e p893, 25/e p918

Ans.
46. c. Removal... **47.** d. Gangrene.... **48.** c. Pain in muscle.... **49.** c. Lumbar canal...
50. b. Superior thoracic... **51.** a. Antiphospholipid... **52.** d. 2 hours **53.** b. Bilateral iliac....
54. a. Embolectomy... **55.** b. Arterial insufficiency **56.** c. Immediate... **57.** c. Dextran-40 pmj...
58. b. Muscles... **59.** a. Atherosclerosis....

60. False statement about abdominal artery aneurysm (AAA):
a. Surgery indicated when size AAA >6cm (PGI Nov 2011)
b. 90% of AAA is present below renal artery
c. Blue toe syndrome may be associated
d. Mortality rate after surgery is >25%
e. Commonly causes colon ischemia

Ref: Harrison 18/e p2062-2063; Sabiston 19/e p1697-1710; Schwartz 9/e p723-730; Bailey 26/e p893-898, 25/e p918-923

61. The most common site of rupture of abdominal aortic aneurysm is: (All India 2009)
a. Laterally into the left retroperitoneum
b. Laterally into the right retroperitoneum
c. Posteriorly into the posterior retroperitoneum
d. Anteriorly into the peritoneum (Intraperitoneal)

62. Most common complication of descending aortic aneurysm surgery: (MHSSMCET 2006)
a. Renal failure
b. Distal emboli
c. Pulmonary infections
d. Myocardial infarction

Ref: Harrison 18/e p2062-2063; Sabiston 19/e p1699-1710; Schwartz 9/e p725-730; Bailey 26/e p894-898, 25/e p918-923

63. The size at which elective surgery is indicate in abdominal aortic aneurysm: (MHSSMCET 2008)
a. 5cm
b. 5.5cm
c. 6cm
d. 6.5cm

64. Abdominal aneurysm is characterized by all except: (PGI June 2000)
a. Elective surgery complication should be <5%
b. Emergency surgery complication <10%
c. Rarely asymptomatic before rupture
d. Bigger the size it is more prone to rupture

65. Mycotic aneurysm is aneurysm infected because of:
a. Fungal infection (All India 2006)
b. Blood borne infection (Intravascular)
c. Infection introduced from outside (Extravascular)
d. Both intravascular and extra-vascular infection

Ref: Harrison 18/e p2061, 2065; Sabiston 19/e p1884

66. The procedure of choice for the evaluation of aortic aneurysm is: (All India 2006)
a. Ultrasonography
b. Computed tomography
c. Magnetic resonance imaging
d. Arteriography

67. In the abdomen, aneurysms of the commonly occur …… next only to the aorta: (PGI 2007)
a. Internal iliac artery
b. External iliac artery
c. Splenic artery
d. Inferior mesenteric artery

Ref: Sabiston 19/e p1761-1763; Schwartz 9/e p1256; Bailey 25/e p1103-1104 and Ref: Shackelford 7/e p1098-1100

68. After doing a graft repair of a thoraco-abdominal aneurysm, the patients developed weakness. Most probable cause for this: (AIIMS May 2012)
a. Decreased blood supply to the lower limbs
b. Thoraco splanchnic injury
c. Discontinuation of arteria radicularis magna
d. Lumbosacral nerve injury

69. True regarding management of diabetic foot: (PGI May 2010)
a. Strict diabetic control
b. Venous system is commonly involved
c. Topical antibiotics are used
d. Early amputation should done
e. Diabetic ulcers are trophic ulcers

Ref: Harrison 18/e p2987; Sabiston 19/e p1738-1740; Schwartz 9/e p1693; Bailey 26/e p549, 887, 25/e p913

70. Site of diabetic foot ulcer: (PGI June 2005)
a. Medial malleolus
b. Lateral malleolus
c. Heel
d. Head of metatarsal
e. Head of toes

71. Diabetic gangrene is due to: (Kerala 2004)
a. Ischemia
b. Increased blood glucose
c. Altered defense by host and neuropathy
d. All of the above

72. Etiopathogenesis of diabetic foot include the following except: (UPSC 2007)
a. Myelopathy
b. Osteoarthropathy
c. Microangiopathy
d. Infection

73. Nicoladoni sign is also known as: (AIIMS Nov 2008)
a. Murray sign
b. Frei sign
c. Darrier sign
d. Branham sign

Ans. d. Branham sign Ref: Sabiston 19/e p1785-1786; Bailey 26/e p899, 25/e p923

Ans.
60. a. Surgery indi... **61.** a. Laterally into.... **62.** d. Myocardial... **63.** b. 5.5cm
64. b. Emergency... **65.** d. Both intravascular.... **66.** b. Computed.... **67.** c. Splenic artery.
68. c. Discontinuation.... **69.** a, c and e **70.** c. Heel, d. Head... **71.** d. All of the above.
72. a. Myelopathy **73.** d. Branham sign

74. All of the following are correct regarding AV fistula except: (MHSSMCET 2005, All India 2001)

a. Arterialisation of the veins
b. Proximal compression causes increases in heart rate
c. Localized gigantism
d. Causes LV enlargement and cardiac failure

75. Commonest cause of AV fistula is: (DNB 2000)

a. Congenital
b. Traumatic
c. Iatrogenic
d. Tumour erosion

76. A patient presented with local gigantism of the leg and increased pulsations of the lower limb veins. Most probable diagnosis is:(AIIMS Nov 2001)

a. Tumor
b. AV fistula
c. Varicose veins
d. Incompetence of the saphenofemoral junction

77. True regarding AV fistula is: (PGI June 2002)

a. Leads to cardiac failure
b. Causes local gigantism
c. Can cause ulcers
d. Causes excess bleeding on injury
e. Closes spontaneously

78. AV fistula causes: ~ (PGI Dec 2002)

a. Leads to cardiac failure
b. Causes local gigantism
c. Endocarditis
d. Local ulceration and hemorrhage
e. Closes spontaneously

79. Nicoladoni Branham sign is: (PGI Dec 2004)

a. Compression cause bradycardia
b. Compression cause tachycardia
c. Hypotension
d. Systolic filling

80. The most common cause of acquired arteriovenous fistula is:

a. Bacterial infection (All India 2006)
b. Fungal infection
c. Blunt trauma
d. Penetrating trauma

81. Commonest cause of A-V fistulae is: (All India 2007)

a. Congenital
b. Traumatic
c. Surgical creation
d. Tumour erosion

82. Congenital A-V fistulas in the thigh will be associated with all except: (PGI 2009)

a. Increased cardiac output
b. Increased skin temperature
c. Gigantism of limb
d. Superficial venous engorgement

83. Complications arising out of A-V fistula done for renal failure include the following except: (JIPMER 2003)

a. Infection
b. Thrombosis
c. High output cardiac failure
d. Necrosis of the distal part

84. Arterio-venous fistula can safely be ligated if the following is positive: (COMEDK 2004)

a. Allen's test
b. Henle-Coenen sign
c. Trendelenberg test
d. Schwartz test

Ref: Sabiston 19/e p1956; Bailey 25/e p437

85. All of the following are true regarding Raynaud's phenomenon except: (AIIMS Nov 2012)

a. It involves acral parts of fingers
b. Migratory thrombophlebitis is seen only in Raynaud's phenomenon
c. Drugs acting by inhibiting the beta receptors in blood vessels also play a role
d. Emotional stress may also precipitate Raynaud's phenomenon

Ref: Harrison 18/e p2071; Sabiston 19/e p1752; Schwartz 9/e p1642; Bailey 26/e p900, 25/e p924

86. True statement about Raynaud's phenomena: (PGI Dec 2006)

a. Lower limb more commonly involved than upper limb
b. More common in female
c. Superficial thrombophlebitis
d. Associated with migraine

Ref: Harrison 18/e p2071-2072; Sabiston 19/e p1752; Schwartz 9/e p1642; Bailey 26/e p900, 25/e p924

87. Raynaud's syndrome occurs in all of the following except:

a. SLE (DNB 2009, MCI Sept 2007)
b. Rheumatoid arthritis
c. Osteoarthritis
d. Cryoglobulinemia

88. Sequence of colour changes observed in Raynaud's disease:

a. Red, blue, white (MCI Sept 2009)
b. White, blue, red
c. Blue, red, white
d. White, red, blue

89. If a patient with Raynaud's disease immersed his hand in cold water, the hand will: (All India 2003)

a. Become red
b. Remain unchanged
c. Turn white
d. Become blue

Ans.				
	74. b. Proximal...	**75.** b. Traumatic.	**76.** b. AV fistula	**77.** a., b., c., d..
	78. a., b., d...	**79.** a. Compression....	**80.** d. Penetrating....	**81.** a. Congenital
	82. b. Increased skin....	**83.** d. Necrosis....	**84.** a. Allen's test	**85.** b. Migratory...
	86. b and d.	**87.** c. Osteoarthritis	**88.** b. White, blue, red.	**89.** c. Turn white

90. All are true about Raynaud's phenomena except: (Kerala 95)
- a. Exposure to cold aggravates
- b. Spasm of vessels
- c. More common in females
- d. Atherosclerosis of vessels

91. The most common site of acute aortic dissection is:
- a. Right lateral wall of ascending aorta
- b. Arch of aorta (DNB 2013, COMEDK 2010)
- c. Suprarenal abdominal aorta
- d. Infrarenal abdominal aorta

Ref: Harrison 18/e p2063; Sabiston 19/e p1718-1720; Schwartz 9/e p684-695; Bailey 26/e p846, 25/e p873-874

92. A 50-year-old male patient, an alcoholic and smoker presents with a 3 hours of severe retrosternal chest pain and increasing shortness of breath. He started having this pain while eating, which was constant and radiated to the back and intersapular region. He was a known hypertensive. On examination, he was cold and clammy with a heart rate of 130/min, and a BP of 80/40 mmHg. JVP was normal. All peripheral pulses were present and equal. Breath sounds were decreased at the left lung base and chest x-ray showed left pleural effusion. What is the most likely diagnosis:
- a. Acute aortic dissection
- b. Acute myocardial infarction
- c. Rupture of the esophagus
- d. Acute pulmonary embolism

93. Dissection of which artery is seen in pregnancy:
- a. Carotid artery
- b. Aorta (PGI June 2000)
- c. Coronary artery
- d. Femoral artery

94. Thoracic outlet syndrome is primarily diagnosed by:
- a. Clinical evaluation (All India 2009)
- b. CT scan
- c. MRI
- d. Angiography

Ref: Sabiston 19/e p1594-1595; Schwartz 9/e p704, 790; Bailey 26/e p872, 25/e p895

95. Which of the following is not a complication of surgery for thoracic outlet syndrome: (AIIMS May 2007)
- a. Pneumothorax
- b. Brachial plexus injury
- c. Lymphocutaneous fistula
- d. Long thoracic nerve injury

Ref: Sabiston 19/e p1595; Bailey 26/e p872, 25/e p895

96. Adson's test is positive in: (MHSSMCET 2005)
- a. Cervical spondylosis
- b. Fracture ribs
- c. Cervical rib
- d. All of the above

97. Which is not true about thoracic outlet syndrome:
- a. Radial nerve is commonly affected (AIIMS Nov 2008)
- b. Neurological features are most common
- c. Resection of 1st rib relieves symptom
- d. Positive Adson's test

98. Which is not true regarding thoracic inlet syndrome:
- a. Most commonly radial nerve (AIIMS Sept 2002)
- b. Resection of 1st rib is effective treatment
- c. Physiotherapy and position exercises relieves symptom
- d. Neurological signs and symptoms are common

99. Commonest symptom associated with thoracic outlet syndrome is: (PGI 2001)
- a. Intermittent claudication
- b. Pain on radial distribution
- c. Pain in ulnar distribution
- d. Gangrene

100. All are seen in thoracic outlet syndrome except: (PGI 2008)
- a. Mass in the neck
- b. Wasting of forearm muscles
- c. Adson's test positive
- d. Pallor

Ref: Sabiston 19/e p1594-1595; Schwartz 9/e p704, 790; Bailey 25/e p895

101. Bilateral pulseless disease in upper limbs is caused by:
- a. Aortoarteritis (PGI June 2007)
- b. Coarctation of aorta
- c. Fibromuscular dysplasia
- d. Buerger's disease

Ref: Harrison 18/e p2796; Sabiston 19/e p1753; Schwartz 9/e p668, 767; Bailey 26/e p900, 25/e p924

102. Allen's test is useful in evaluating: (DNB 2011, All India 2006)
- a. Thoracic outlet compression
- b. Presence of cervical rib
- c. Integrity of palmar arch
- d. Digital blood flow

103. The artery commonly involved in cirsoid aneurysm is:
- a. Occipital (PGI 2006)
- b. Superficial temporal
- c. Internal carotid
- d. External carotid

Ref: http://en.wikipedia.org/wiki/Cirsoid_aneurysm

104. True about erythrocyanosis except: (APPG 2006)
- a. Affects young girls
- b. Cold peripheries
- c. Palpable pulses
- d. Ulceration and gangrene of fingers

Ref www.ncbi.nlm.nih.gov Br Med J v.13927; Apr 11, 1936

105. The Hunterian ligature operation is performed for:
- a. Aneurysm (DNB 2003, AIIMS Nov 2008, All India 2003)
- b. Varicose veins
- c. AV fistulas
- d. Acute arterial ischemia

Ref: Endovascular Hunterian Ligation/ - Youmans Neurological Surgery

Ans.				
	90. d. Atherosclerosis...	**91.** a. Right lateral...	**92.** a. Acute aortic....	**93.** b. Aorta.
	94. a. Clinical...	**95.** c. Lymphocutaneous...	**96.** c. Cervical.	**97.** a. Radial nerve
	98. a. Most commonly...	**99.** c. Pain in ulnar...	**100.** b. Wasting of forearm...	**101.** a. Aortoarteritis.
	102. c. Integrity of palmar...	**103.** b. Superficial	**104.** c. Palpable pulses.	**105.** a. Aneurysm

106. Popliteal artery pulsations are difficult to feel because:
a. It is not superficial (All India 2009)
b. It does not cross prominent bone
c. It is not superficial and does not cross prominent bone
d. Its pulsations are weak

107. The commonest cause of death following arterial reconstruction of the lower extremity is: (COMEDK 2004)
a. Graft infection
b. Cerebrovascular accident
c. Myocardial infarction
d. Systemic sepsis secondary to skin necrosis

Ref: CSDT 11/e p822; Miller's Anesthesia 6/e p2053

108. Saddle thrombus is present at: (Punjab 2008)
a. Pulmonary artery
b. Aorta
c. Pulmonary vein
d. Bifurcation of pulmonary artery

Ref: Harrison 18/e p2171

109. Allen's test is used to diagnose: (JIPMER 2011)
a. Thoracic outlet syndrome
b. Palmar arch insufficiency
c. Superior vena cava syndrome
d. Varicose veins

110. Mycotic aneurysm occurs due to: (MHSSMCET 2007)
a. Fungus
b. Syphilis
c. Salmonella
d. Medial necrosis of arteries

111. Normal ankle brachial index: (MHSSMCET 2008)
a. 1
b. 2
c. 3
d. 4

112. In-situ thrombosis after drug-iluting stent insertion occurs owing to: (MHSSMCET 2008)
a. Delayed re-epithelization
b. Premature termination of anti-platelet therapy
c. Disturbed coagulation
d. All of the above

Ref: Harrison 18/e p2037; Schwartz 9/e p763-764

113. Butcher's thigh is: (DNB 2010)
a. Vastus lateral rupture
b. Subcutaneous lipodermatosclerosis
c. Bursa in adductor canal
d. Accidental injury to major vessels in thigh or groin

Ref: Bailey 18/e p69, 147

114. What is the best way to control external hemorrhage:
a. Direct pressure (DNB 2012)
b. Elevation
c. Proximal torniquet
d. Artery forceps

Ref: Advanced Assessment and Treatment of Trauma by Americans 2010/71

115. Which of the following is a feature of temporal arteritis:
a. Giant cell arteritis (AIIMS Nov 2012)
b. Granulomatous vasculitis
c. Necrotizing vasculitis
d. Leucocytoclastic vasculitis

Ref: Harrison 18/e p2795; Robbins 8/e p512, 513

116. Which of the following is true about coeliac plexus block:
a. Located retroperitoneally at the level of L3
b. Usually done unilaterally (AIIMS May 2013)
c. Useful for the painful conditions of lower abdomen
d. Most common side effect is diarrhea and hypotension

117. Bullet wounds near major blood vessels should be explored only if: (PGI 2004)
a. The extremity is cold
b. The fingers or toes are paralyzed
c. The pulse is weakened
d. There is no pulse
e. In all cases regardless of physical findings

118. True about aortic transaction: (PGI June 2008)
a. Most commonly associated with deceleration injury
b. High morality
c. Surgery definitive treatment
d. Aortography gold standard

Ref: Sabiston 19/e p1793-1794; Schwartz 9/e p151, 172-173; Bailey 25/e p343; CSDT 11/e p257-259

119. Radiological findings of torn thoracic aorta is/are:
a. Mediastinal widening (PGI Nov 2011)
b. Abnormal aortic contour
c. Right apical pleural cap
d. Right paratracheal stripe thickening
e. Left apical pleural cap

Ref: Chapman 4/e p163-164; CSDT 11/e p257-259

120. Best approach for surgical repair of the injury to abdominal aorta above the level of renal artery involving superior artery, celiac trunk, and the suprarenal branch:
a. Right medial visceral rotation (MHSSMCET 2009)
b. Left medial visceral rotation
c. Right Lateral visceral rotation
d. Left Lateral visceral rotation

Ref: Sabiston 19/e p1796-1797

121. Best graft for femoropopliteal bypass: (MHSSMCET 2007)
a. Autologous vein
b. Dacron
c. Teflon
d. PTF

Ans. **106.** c. It is not super... **107.** c. Myocardial ... **108.** d. Bifurcation... **109.** b. Palmar...
110. c. Salmonella.... **111.** a. 1. **112.** d. All of the above **113.** d. Accidental...
114. a. Direct pressure. **115.** a. Giant cell arteritis **116.** d. Most common.... **117.** c., d.
118. a., b., c., d.. **119.** a., b., d., e. **120.** b. Left medial.... **121.** a. Autologous vein

122. Best material for below inguinal arterial graft is: (All India 2009)
- a. Saphenous vein graft (upside-down)
- b. PTFE
- c. Dacron
- d. Teflon

Ref: Bailey 25/e p905; Washington Manual of surgery 5/e p322

123. Neointimal hyperplasia causes vascular graft failure as a result of hypertrophy of: (All India 2006)
- a. Endothelial cells
- b. Collagen fibers
- c. Smooth muscle cells
- d. Elastic fibers

Ref: Schwartz 9/e p762-764

124. Dacron vascular graft is: (All India 2006)
- a. Nontextile synthetic
- b. Textile synthetic
- c. Nontextile biologic
- d. Textile biologic

Ref: Sabiston 19/e p1791; Schwartz 9/e p762; Bailey 25/e p905-907

125. For aortic graft the best material available is: (JIPMER 2004)
- a. Dacron
- b. Artery
- c. Vein
- d. None

Ref: www.ncbi.nlm.nih.gov/pubmed/16222385;
Ref: Schwartz 9/e p762

126. A knitted dacron artery graft: (PGI 2006)
- a. Is not porous
- b. Is eventually dissolved by tissue reaction
- c. Never gets infected
- d. Can be easily incised and the opening resutured

127. Not used as graft material in peripheral vascular disease: (PGI 2002)
- a. Dacron graft
- b. Vein
- c. PTFE
- d. PVC

128. Treatment of femoral artery aneurysm: (PGI June 2007)
- a. Ultrasound guided compression of the neck of aneurysm
- b. Thrombin injection
- c. Bypass graft repair
- d. Ligation of involved vessel

Ref: Sabiston 19/e p1755; Bailey 26/e p899, 25/e p923

129. Pseudoarterial aneurysm in drug abuser's seen in: (PGI June 2005, June 2007)
- a. Radial
- b. Brachial
- c. Femoral
- d. Carotid
- e. Pedal

Ref: Rutherford Vascular Surgery 6/e pvol I/456

130. Pseudoaneurysm in IV drug abusers is commonly found in: (PGI Dec 2008)
- a. Radial artery
- b. Brachial artery
- c. Femoral artery
- d. External iliac artery
- e. Dorsalis pedis artery

131. Seldinger needle is used for: (MCI March 2010)
- a. Suturing muscles
- b. Arteriography
- c. Pulmonary biopsy
- d. Lymphangiography

Ref: Sabiston 19/e p1733; Schwartz 9/e p751;
Bailey 26/e p190, 25/e p903

132. All of the following complications may commonly follow lower extremity angiography except:
- a. Renal failure
- b. Dehydration
- c. Arterial occlusion
- d. Intracerebral haemorrhage

Ref: Sabiston 19/e p1733; Schwartz 9/e p751;
Bailey 26/e p190, 25/e p903

133. Most common artery used for cannulation: (PGI June 2003)
- a. Radial artery
- b. Ulnar artery
- c. Brachial artery
- d. Cubital artery

Ref: Lee Anesthesia 12/e p25

134. Which is not true about femoral artery cannulation: (AIIMS May 2011)
- a. Common femoral artery is cannulated
- b. Single wall puncture is indicated in those with normal coagulation profile
- c. Femoral artery is catheterized at medial third of femoral head
- d. Seldinger technique is used both for femoral artery and vein

Ref: Mastery of Surgery 5/e p218

135. Commonest part of subclavian artery to be affected by stenosis is: (All India 2009)
- a. First part
- b. Second part
- c. Third part
- d. Equally affected

Ref: Grainger Diagnostic Radiology 4/e p 773;
Bailey 26/e p886, 25/e p908-909

Ans.
122. a. Saphenous vein... **123.** c. Smooth muscle.... **124.** b. Textile synthetic... . **125.** a. Dacron.
126. d. Can be easily.... **127.** d. PVC. **128.** a., b., c. **129.** a., b., c..
130. a, b and c. **131.** b. Arteriography **132.** d. Intracerebral... **133.** a. Radial artery
134. b. Single wall... **135.** a. First part.

136. Which of the following statement is true regarding subclavian steal syndrome: (AIIMS Nov 2005)

a. Reversal of blood flow in the ipsilateral vertebral artery
b. Reversal of blood flow in the contralateral carotid artery
c. Reversal of blood flow in the contralateral vertebral artery
d. Bilateral reversal of the flow in the vertebral arteries

Ref: Bailey 26/e p886, 25/e p908-909

137. Most common site of peripheral aneurysm: (AIIMS Nov 2008)

a. Femoral artery
b. Radial artery
c. Popliteal artery
d. Brachial artery

Ref: Sabiston 19/e p1755; Bailey 26/e p899, 25/e p923

138. Popliteal aneurysm-all are true except: (AIIMS 2004)

a. Presents as a swelling behind the knee
b. Presents with symptoms due to complication
c. Surgery is indicated in case of complication
d. Uncommon among peripheral aneurysm

139. Pseudoaneurysms are most commonly due to: (JIPMER 2003)

a. Atherosclerosis
b. Trauma
c. Congenital deficiency
d. Infections

Ref: http://en.wikipedia.org/wiki/Pseudoaneurysm

140. Psuedoaneurysm in I.V. drug abusers is commonly found in: (PGI Dec 2008, June 2007)

a. Radial artery
b. Brachial artery
c. Femoral artery
d. External iliac artery
e. Dorsalis pedis artery

141. A drug abuser developed pseudoaneurysm. Which of the following is/are should include in the treatment modalities: (PGI Dec 2008)

a. Ligation of involved vessel and wide surgical debridement
b. Exposure and ligation with subsequent revascularization
c. Direct interposition graft with synthetic material in groin for revascularization
d. Direct interposition graft with autogenous graft
e. Selective revascularization using remote iliofemoral bypass

Ans. **136.** a. Reversal of blood... **137.** c. Popliteal artery. **138.** d. Uncommon... **139.** b. Trauma
140. a, b and c. **141.** a. Ligation of involved...

B. VENOUS DISORDERS

1. **'SEPS' is a procedure used for:** (All India 2009)
   a. Veins
   b. Arteries
   c. Lymphatics
   d. AV fistula
   Ref: Sabiston 19/e p1809; Schwartz 9/e p791; Bailey 26/e p911, 25/e p931

2. **The most common complication of varicose vein stripping is:** (DPG 2011)
   a. Infection
   b. Hemorrhage
   c. Ecchymosis
   d. Thromboembolism
   Ref: Sabiston 19/e p1803-1811; Schwartz 9/e p790-792; Bailey 26/e p903-913, 25/e p927-932

3. **Drug used for sclerotherapy of varicose veins are the following except:** (MCI Sept 2007)
   a. Ethanolamine oleate
   b. Polidocanol
   c. Ethanol
   d. Sodium tetradecyl sulphate
   Ref: Sabiston 19/e p1809; Schwartz 9/e p791; Bailey 26/e p908-909, 25/e p929-930

4. **True about venous ulcer** (PGI Nov 2010)
   a. Always stripping done
   b. Always examine deep venous system
   c. Biopsy should be taken from chronic ulcer
   d. Associated with Klippel-Trenunay syndrome
   Ref: CSDT 11/e p874, 884; Sabiston 19/e p1806-1807; Schwartz 9/e p792-794; Bailey 26/e p917-919, 25/e p933-935

5. **Treatment of a long-standing non-healing venous leg ulcer with venous leg ulcer with varicose veins in a patient unwilling for surgery or who is inoperable:** (MHPGMCET 2006)
   a. Antibiotic therapy
   b. Bandaging
   c. Surgical intervention
   d. Haemorhilogogue therapy
   Ref: Sabiston 19/e p1806-1807; Schwartz 9/e p792-794; Bailey 25/e p933-935

6. **TRIVEX is a percutaneous technique of:** (MHPGMCET 2009)
   a. Intravenous intraluminal destruction of vein by ablation catheter
   b. Intravenous intraluminal injection of sclerosant like sodium tetradecyl sulphate
   c. Removal of vein by suction following injection of fluid
   d. Stripping of veins
   Ref: Sabiston 19/e p1809; Harrison 18/e p2074

7. **In varicose veins the flow in incompetent perforators is:** (MHSSMCET 2006)
   a. From superficial to deep to
   b. Form deep to superficial
   c. No flow
   d. Can be to and for
   Ref: Bailey 25/e p928

8. **Varicose veins of size less than _____ can be best treated by sclerotherapy:** (MHSSMCET 2007)
   a. 2 mm
   b. 3 mm
   c. 4 mm
   d. 6 mm
   Ref: Sabiston 19/e p; Schwartz 9/e p791; Bailey 26/e p908-909, 25/e p929-930

9. **Amount of sclerosant used in treatment of varicose veins:** (MHSSMCET 2008)
   a. 0.5 ml
   b. 2 ml
   c. 4 ml
   d. 8 ml

10. **Varicose veins are seen in:** (PGI June 2002)
    a. DVT
    b. Superficial venous thrombosis
    c. AV fistula
    d. Prolonged standing
    e. Obesity

11. **Brodie-Tredenlenburg test is positive in:** (PGI June 2002, MHPGMCET 2001)
    a. Sapheno-Femoral incompetence
    b. Perforator competence above knee
    c. Deep vein incompetence
    d. Perforator competence below knee
    Ref: Sabiston 19/e p1805; Bailey 25/e p927-928

12. **Most commonly varicose veins are seen with:** (AIIMS June 2002)
    a. Long saphenous vein
    b. Short saphenous vein
    c. Both
    d. Popliteal and femoral vein
    Ref: Sabiston 19/e p; Schwartz 9/e p791; Bailey 26/e p901, 25/e p927

13. **Regarding varicose veins, which one of the following statements is true:** (AIIMS Nov 2003)
    a. Over 20% are recurrent varicosities
    b. The sural nerve is in danger during stripping of the long saphenous vein
    c. The saphenous nerve is closely associated with the short saphenous vein
    d. 5% oily phenol is an appropriate sclerosant for venous sclerotherapy

Ans.				
	1. a. Veins.	**2.** c. Ecchymosis.	**3.** c. Ethanol	**4.** a., c and d.
	5. b. Bandaging	**6.** a. Intravenous....	**7.** b. Form deep to superficial.	**8.** b. 3mm
	9. a. 0.5 ml.	**10.** a, c, d and e	**11.** a. Sapheno-femoral...	**12.** a. Long saphenous vein
	13. a. 5% oily phenol	.		

14. Surgery in varicose veins is not attempted in presence of: (AIIMS June 2000)

a. Deep vein thrombosis
b. Multiple incompetent perforators
c. Varicose veins with leg ulcer
d. All of the above

Ref: Sabiston 19/e p1809; Schwartz 9/e p791; Bailey 26/e p907, 25/e p933

15. Which is true regarding Trendelenberg operation: (PGI Dec 2001)

a. Stripping of the superficial varicose vein
b. Flush ligation of the superficial varicose vein
c. Ligation of the perforators
d. Ligation of small tributaries at the distal end of superficial varicose vein
e. Ligation of short saphenous vein

Ref: Sabiston 19/e p1809-1811; Schwartz 9/e p792; Bailey 26/e p910-911, 25/e p930-931

16. First treatment of rupture of varicose veins at the ankle should be: (All India 2004)

a. Rest in prone position of patient
b. Application of a tourniquet proximally
c. Application of a tourniquet distally
d. Direct pressure and elevation

Ref: Oxford Textbook of Surgery 2/e p1000

17. Perforators are not present at: (AIIMS Nov 2007)

a. Ankle
b. Medial calf
c. Distal to calf
d. Below inguinal ligament

Ref: Sabiston 19/e p1803; Schwartz 9/e p778; Bailey 26/e p902, 25/e p925-926

18. Injection sclerotherapy for varicose veins is by using: (PGI 2004)

a. Phenol
b. Absolute alcohol
c. 70% alcohol
d. Ethanolamine oleate

19. The following is the commonest site for venous ulcer: (AIIMS 2001)

a. Instep of foot
b. Lower 1/3rd leg and ankle
c. Lower 2/3rd of leg
d. Middle 1/3rd of leg

20. The most important perforator of the lower limb is between: (All India 2003)

a. Long saphenous and posterior tibial vein
b. Short saphenous and posterior tibial vein
c. Short saphenous and popliteal vein
d. Long saphenous and femoral vein

21. An operated case of varicose veins has a recurrence rate of: (AIIMS 2001)

a. About 10%
b. About 25%
c. About 50%
d. Over 60%

22. Operations for varicose veins are best accomplished by: (PGI 2000)

a. Stripping
b. Multiple subcutaneous ligatures
c. Subfascial ligatures
d. Division and ligation at the superficial venous system

23. Cocket and Dodd's operation is for: (UPSC 2008)

a. Saphenofemoral flush ligation
b. Subfascial ligation
c. Deep vein thrombosis
d. Diabetic foot

Ref: www.ncbi.nlm.nih.gov/pubmed/4855162

24. Which of the following test is used to detect perforator incompetence in varicose: (JIPMER 2000)

a. Trendelenberg test
b. Fegan's test
c. Morissey's test
d. Homan's test

25. Lipodermatosclerosis is most commonly seen at: (DNB 2012)

a. Anterior aspect of leg
b. Medial aspect of leg
c. Anterior aspect of thigh
d. Posterior aspect of thigh

Ref: Sabiston 19/e p1806-1807; Bailey 26/e p905

26. An intern was doing saphenous cannulation for a burn patient. Then the patient developed sudden onset of pain along the medial border of the corresponding foot. Which nerve must have been accidentally ligated: (AIIMS 2000)

a. Sural nerve
b. Deep peroneal nerve
c. Saphenous nerve
d. Genicular nerve

27. Gold standard diagnostic test in varicose veins is: (JIPMER 2003)

a. Photoplethysmography
b. Duplex imaging
c. Ultrasonography
d. Radio-labeled fibrinogen study

28. Which one of the following reagents is not used as sclerosant in the treatment of bleeding varies: (ICS 2005)

a. Ethyl alcohol
b. Ethanolamine oleate
c. Phenol
d. Sodium morrhuate

29. Ligation of which nerve will lead to parasthesia and pain on the dorsum of foot during venesections of great saphenous vein: (AIIMS June 2000)

a. Sural nerve
b. Geniculate
c. Saphenous nerve
d. Deep peroneal nerve

Ans.	**14.** a. Deep vein...	**15.** b. Flush ligation...	**16.** d. Direct pressure...	**17.** d. Below inguinal...
	18. a. Phenol; d. Etha...	**19.** b. Lower 1/3rd leg...	**20.** d. Long saphenous...	**21.** a. About 10%
	22. a. Stripping	**23.** **b. Subfascial ligation...**	**24.** a. Trendelenberg test	**25.** b. Medial aspect of leg
	26. c. Saphenous nerve.	**27.** b. Duplex imaging	**28.** a. Ethyl alcohol	**29.** c. Saphenous nerve

30. Bisgard treatment is for: (APPG 2006)
a. Arterial ulcer
b. Venous ulcer
c. TAO
d. Raynaud's phenomenon

31. For which of the following venous abnormality is surgery indicated: (PGI Dec 2001)
a. Deep vein incompetence with DVT
b. Deep vein competence without DVT
c. Varicosity >3mm in diameter
d. Varicosity <3mm in diameter
e. Saphenofemoral incompetence

Ref: Sabiston 19/e p1809-1811; Schwartz 9/e p791-792; Bailey 25/e p929-932

32. Treatment of choice for a patient presenting with venous ulcer and incompetent perforators: (DNB 2005)
a. Stripping of saphenous vein
b. Subfascial ligation of perforators
c. Saphenofemoral ligation
d. Conservative

33. Patient presents with varicose vein with sapheno-femoral incompetence and normal perforator. Management options include all of the following except: (AIIMS Nov 2012)
a. Endovascular stripping
b. Sclerotherapy
c. Sapheno-femoral flush ligation
d. Saphenofemoral flush ligation with striping

Ref: Sabiston 19/e p1803-1811; Schwartz 9/e p790-792; Bailey 25/e p927-932

34. All the following disorders are inherited except: (JIPMER 2010)
a. Protein S deficiency
b. Antiphospholipid antibody syndrome
c. Protein C deficiency
d. Factor V Leiden mutation

Ref: Harrison 18/e p462; Sabiston 19/e p1813; Schwartz 9/e p781; Bailey 26/e p914, 25/e p936

35. Congenital cause of hypercoagulable states are all except: (AIIMS Nov 2010)
a. Protein C deficiency
b. Protein S deficiency
c. MTHFR mutation
d. Lupus anticoagulant

36. All of the following are acquired causes of hypercoagulability, except: (All India 2009)
a. Infection
b. Inflammatory bowel disease
c. Myeloproliferative disorders
d. Prolonged surgery

37. A patient is admitted with 3rd episode of deep venous thrombosis. There is no history of any associated medial illness. All of the following investigations are required for establishing the diagnosis except: (AIIMS Nov 2004)
a. Protein C deficiency
b. Antithrombin II deficiency
c. Antibodies to factor VIII
d. Antibodies to cardiolipin

38. The deficiency of all the following factors increases the incidence of thrombus formation except: (DPG 2010)
a. Lipoprotein A
b. Protein-C
c. Anti-thrombin III
d. Protein-S

39. All are risk factors for venous thrombosis except: (Punjab 2009)
a. Estrogen
b. Sickle cell anemia
c. PNH
d. Prolonged immobilization

40. All are hypercoagulable states, except: (AIIMS June 2003)
a. Protein C resistance
b. Factor V Leiden deficiency
c. Antiphospholipid antibody
d. Polycythemia

Ref: Harrison 18/e p462-463

41. All of the following conditions predispose to thrombosis except: (AIIMS Dec 2006)
a. Paroxysmal nocturnal hemolgobinuria
b. Homocystinurea
c. Hypomagnesemia
d. Behcet's syndrome

42. Coagulation defects associated with increased coagulation are seen in: (PGI Dec 2006)
a. Increased Protein C
b. Increased Protein B
c. Increased Anti-thrombin III
d. Dysfibrinogenemia

43. Hypercoagulability due to defective factor V gene is called: (AIIMS Nov 2003)
a. Lisbon mutation
b. Leiden mutation
c. Antiphospholipid syndrome
d. Inducible thrombocytopenia syndrome

44. Most common inherited thrombotic disorder is: (PGI Dec 2005)
a. Protein C deficiency
b. Protein S deficiency
c. Factor V leiden mutation
d. Prothrombin gene mutation
e. t-PA deficiency

45. Which of these is not a risk factor for thromboembolism: (AIIMS Nov 2001)
a. Myocardial infarction
b. Hypertension
c. Estrogen therapy
d. Superficial thrombophlebitis

Ans.	**30.** b. Venous ulcer	**31.** b, c and e.	**32.** b. Subfascial ligation....	**33.** b. Sclerotherapy .
	34. b. Antiphospholipid...	**35.** d. Lupus anticoagulant	**36.** None.	**37.** c. Antibodies to factor VIII
	38. a. Lipoprotein A.	**39.** b. Sickle cell anemia.	**40.** b. Factor V Leiden...	**41.** c. Hypomagnesemia
	42. d. Dysfibrinogenemia	**43.** b. Leiden mutation.	**44.** c. Factor V Leiden....	**45.** b. Hypertension

46. Which one does not cause deep vein thrombosis: (AIIMS Nov 2002)
a. Estrogen
b. Thrombocytosis
c. Paroxysmal nocturnal haemoglobinuria
d. Sickle cell anemia

47. All of the following are risk factors for deep vein thrombosis (DVT) except: (All India 2003)
a. Duration of surgery >30 minutes
b. Obesity
c. Age <40 years
d. Use of the estorgen-progesterone contraceptive pills

48. Postoperative pulmonary thromboembolism is seen in all, except: (All India 2000)
a. Tall and thin man
b. Obese male
c. Pregnant female
d. Estrogen therapy

49. Risk factors of pulmonary embolism: (PGI Dec 2005)
a. 30-years female on OCP's
b. Pregnancy
c. Leg paralysis
d. 50 years person with uncomplicated cholecystectomy
e. Behcet's disease

50. Which of the following is associated with Virchow's triad: (MCI Sept 2005)
a. Hypercoagulability
b. Disseminated malignancy
c. DVT
d. All of the above

Ref: Harrison 18/e p2171-2174; Sabiston 19/e p1812-1816; Schwartz 9/e p781-789; Bailey 26/e p913-917, 25/e p935-939

51. DVT prophylaxis is indicated in all except: (PGI May 2011)
a. Abdominal surgery for malignant disease and high risk patient
b. All patients with age more than 40 years
c. Patient undergoing major orthopedics surgery
d. Systemic heparin is only method for DVT prophylaxis
e. 10% of patients of calf vein thrombosis progress to pulmonary embolism

Ref: Harrison 18/e p2171-2174; 17/e p1651-1655; Sabiston 19/e p1813-1816; Schwartz 9/e p781-783; Bailey 26/e p916-917, 25/e p936-939

52. Thromboembolism after pelvic surgery is usually from the veins: (All India 2008)
a. Iliac
b. Calf
c. Femoral
d. Pelvic

Ref: Sabiston 19/e p1812-1813; Schwartz 9/e p781; Bailey 26/e p915, 25/e p935-939

53. In DVT all are seen except: (CMC 2001)
a. High fever
b. Increased temperature at site
c. Pain
d. Tenderenss

54. Deep vein thrombosis is seen in all except one: (AIIMS Feb 2001)
a. Prolonged immobilization
b. Subuungual melanoma
c. Pregnancy
d. Major surgical operation

55. Deep vein thrombosis occurs most commonly after: (AIIMS Feb 2007)
a. Total hip replacement
b. Gastrectomy
c. Prostatic operation
d. Brain surgery

56. Commonest cause of pulmonary embolism is: (All India 2000)
a. Thrombosis of leg veins
b. Thrombosis of prostatic veins
c. IVC thrombosis
d. Thrombosis of internal pudendal artery

57. DVT, investigation of choice is: (DNB 2005, 2001)
a. Doppler
b. Plethysmography
c. Venography
d. X-ray

58. Which of the following is the best way of preventing development of deep vein thrombosis (DVT) in post operative period:
a. Early ambulation
b. Physiotherapy
c. Prophylactic heparin
d. Low dose aspirin

59. For prophylaxis of deep vein thrombosis used is: (PGI June 2001)
a. Warfarin
b. Heparin
c. Pneumatic shocks garment
d. Graded stocking

60. Earliest sign of deep vein thrombosis is: (DNB 2005, 2001, 2000)
a. Calf tenderness
b. Rise in temperature
c. Swelling of calf muscle
d. Homan's sign

61. White leg is due to: (TN 2002)
a. Femoral vein thrombosis and lymphatic obstruction
b. Deep femoral vein thrombosis
c. Lymphatic obstruction only
d. None of the above

Ans.

46. d. Sickle cell anemia	**47.** c. Age <40 years	**48.** a. Tall and thin man	**49.** a, b, c and e
50. a. Hypercoagulability	**51.** d. Systemic heparin...	**52.** c. Femoral	**53.** a. High fever
54. b. Subuungual...	**55.** a. Total hip replacement	**56.** a. Thrombosis...	**57.** a. Doppler
58. c. Prophylactic heparin.	**59.** b, c and e	**60.** a. Calf tenderness	**61.** b. Deep femoral..

62. All of the following are seen in deep vein thrombosis except: (All India 2006)
a. Pain
b. Discolouration
c. Swelling
d. Claudication

63. Which is not used in treatment of superficial venous thrombosis: (AIIMS 2007)
a. Immediate anticoagulation
b. Rest and elevation
c. Analgesics
d. Treat associated malignancy

64. A 60-year-old male has been operated for carcinoma of caecum and right hemicolectomy has been done. On the fourth post-oprative day, the patient develops fever and pain in the legs. The most important clinical entity one should look for is: (UPSC 2008)
a. Urinary tract infection
b. Intravenous line infection
c. Chest infection
d. Deep vein thrombosis

65. The duration of heparin therapy in deep vein thrombosis is: (UPPG 2006)
a. 7-10 days
b. 15-20 days
c. 3-4 days
d. 1 month

66. Most common site for venous thrombosis: (JIPMER 2008)
a. Popliteal vein
b. Soleal vein
c. Femoral vein
d. Internal iliac vein

67. In DVT all are seen except: (CMC 2001)
a. High fever
b. Increased temperature at site
c. Pain
d. Tenderenss

68. In a patient on anticoagulant therapy, the INR is maintained at: (UPSC 2002)
a. 1.5-2.5 times the normal
b. 2.5-3.5 times the normal
c. 3.5-4.5 times the normal
d. 4.5-5.5 times the normal

Ref: Sabiston 19/e p1815; Schwartz 9/e p784-786

69. The initial therapy of documented deep venous thrombosis in a post operative case is: (Karnataka 2003)
a. Subcutaneous heparin therapy
b. Intravenous heparin therapy
c. Thrombolytic therapy with urokinase
d. Aspirin therapy

Ref: Harrison 18/e p2174-2176; Sabiston 19/e p1815; Schwartz 9/e p784-786; Bailey 26/e p917, 25/e p938-939

70. All are done for a case of deep vein thrombosis except: (MAHE 07)
a. Thrombolytic therapy
b. Bandage
c. Heparin
d. Bed rest

71. Which one of the following is the investigation of choice for suspected deep vein thrombosis of the lower extremity: (UPSC 2007)
a. Radioactive labeled fibrinogen uptake
b. Ascending contrast phlebography
c. D-dimer estimation
d. Duplex ultrasonography

72. All of the following are true regarding DVT except: (MCI March 2008)
a. Pulmonary emboli is the immediate risk
b. May lead to lung infarction
c. Associated with deficiency of protein C
d. Prior history of DVT is an important risk factor

73. Migratory thrombophlebitis is seen most commonly with: (PGI June 2002)
a. Pancreatic carcinoma
b. Testicular carcinoma
c. Gastric carcinoma
d. Breast carcinoma
e. Liver carcinoma

Ref: Sabiston 19/e p1816-1817; Schwartz 9/e p789; Bailey 26/e p913, 25/e p939

74. The most common cause of superficial thrombophlebitis is: (AIIMS June 2004)
a. Trauma
b. Infection
c. Varicosities
d. Intravenous infusion

Ref: Sabiston 19/e p1816-1817; Schwartz 9/e p789; Bailey 26/e p913, 25/e p939

75. A patient presented with pulsating varicose veins of the lower limb. Most probable diagnosis is: (AIIMS Nov 2001)
a. Klippel-Trenaunay syndrome
b. Tricuspid regurgitation
c. DVT
d. Right ventricular failure

Ref: Schwartz 9/e p1667; Bailey 26/e p919, 25/e p940

76. True about Kasabach syndrome: (PGI Nov 2009)
a. May be due to complication of portwine stain
b. Coagulopathy occurs
c. Due to complication of hemangioma
d. Thrombocytopenia present

Ref: Sabiston 19/e p1452; Schwartz 9/e p1667; Bailey 26/e p598, 25/e p617

77. Pulsating varicose vein in young adult is due to: (AIIMS 2002)
a. Arteriovenous fistula
b. Sapheno femoral incompetence
c. Deep vein thrombosis
d. Abdominal tumour

Ans.
62. d. Claudication
63. a and b.
64. d. Deep vein thro...
65. c. 3-4 days ...
66. b. Soleal vein....
67. a. High fever
68. b. 2.5-3.5 times the normal
69. b. Intravenous...
70. d. Bed rest
71. d. Duplex ultra...
72. b. May lead...
73. a. Pancreatic; c. Gastric...
74. d. Intravenous...
75. a. Klippel-Trenaunay...
76. b., c., d.
77. a. Arteriovenous fistula

78. All of the following are correct about axillary vein thrombosis except: (All India 2001)
a. May be caused by a cervical rib
b. Treated with IV anticoagulant
c. Embolectomy is done in all cases
d. May occur following excessive exercise

Ref: Sabiston 19/e p1816; Schwartz 9/e p790; Bailey 26/e p919-920, 25/e p940

79. In obstruction of inferior vena cava there is: (All India 2007)
a. Prominent thoraco epigastric vein
b. Caput medusa
c. Hemorrhoids
d. Esophageal varices

Ref: BDC 4/e vol II/197

80. Calf compartment pressure rise to________ on walking: (MHSSMCET 2006)
a. 20-30 mmHg
b. 60-80 mmHg
c. 80-100 mmHg
d. 200-300 mmHg

Ref: Bailey 25/e p925

81. Harvey's sign is: (DNB 2000)
a. Transmitted pressure wave on coughing in a varicose vein
b. Related to the use of venous filling after emptying a length of vein
c. Loss of hairs from eyebrows
d. None of the above

Ans. **78.** c. Embolectomy... **79.** a. Prominent thoraco... **80.** d. 200-300 mmHg **81.** b. Related to the use...

C. LYMPHATIC SYSTEM

1. Popcorn type of Reed-Sternberg cell is seen in the following type of Hodgkin's lymphoma: (COMEDK 2007)
a. Lymphocyte rich
b. Mixed cellularity
c. Lymphocyte predominance
d. Lymphocyte depletion
Ref: Harrison 18/e p933-935

2. Carcinoma in which surgery is rarely indicated: (PGI Nov 2009)
a. Osteosarcoma
b. Wilm's tumor
c. Neuroblastoma
d. Rhabdomyosarcoma
e. Hodgkin's lymphoma
Ref: Harrison 18/e p933-935

3. All are poor prognostic factor for Hodgkin's lymphoma except: (PGI Nov 2011, Dec 2001)
a. Young age
b. Involvement of stomach
c. Lymphocyte depletion
d. Extranodal metastasis
e. Large mediastinal mass
Ref: Harrison 18/e p933-935; Anderson Manual of Medical Oncology 2007/248-258

4. Commonest presentation of Hodgkin's lymphoma is: (All India 2000)
a. Painless enlargement of lymph node
B. Pruritus
c. Fever
d. Leuocytosis *Ref: Harrison 18/e p933-935*

5. The most common site of enlargement of the lymph nodes in Hodgkin's lymphoma is: (All India 2005)
a. Mediastinal
b. Axillary
c. Cervical
d. Abdominal
Ref: Harrison 18/e p934

6. Malignant cell in Hodgkin's lymphoma is: (AIIMS 2003)
a. Reed Sternberg cell
b. Lymphocytes
c. Histiocyte
d. Reticulum cells

7. Total dose of radiation in Hodgkin's disease is: (JIPMER 2005)
a. 500-1000 rad
b. 1000-2000 rad
c. 3000-5000 rad
d. 5000-7000 rad
Ref: Harrison 18/e p934-935

8. Diagnosis of Hodgkin's disease is confirmed by (PGI 2007)
a. CT scan
b. Bone marrow biopsy
c. Lymph node biopsy
d. Lymphangiography

9. True about primary lymphedema: (PGI Nov 2010)
a. Lymphangiosarcoma may occur
b. Associated with Milroy's disease
c. Onset between 2-35 years indicates lymphedema tarda
d. Onset >35 years indicates praecox variety
e. Prevalence is 2%
Ref: Sabiston 19/e p1820-1824; Schwartz 9/e p795-798; Bailey 26/e p928-930, 25/e p945-952

10. Which of the following is not an operation of congenital lymphedema: (MHPGMCET 2009)
a. Homan's operation
b. Charles's operation
c. de Quervain's cross red operation
d. Sistrunk's operation
Ref: Sabiston 19/e p1822-1824; Schwartz 9/e p797-798; Bailey 26/e p934-938, 25/e p954-958

11. In Neibulowitz surgery what is done: (MHSSMCET 2006, 2008)
a. Skin bridge
b. Lymph node with vein anastomosis
c. Ileal mucosal patch
d. All of the above

12. Most common type of primary lymphedema is: (DNB 2010)
a. Lymphedema congenital
b. Lymphedema precox
c. Lymphedema tarda
d. None

13. In India, what is the most common cause of unilateral lymphedema of lower limb: (UPSC 2007)
a. Lymphedema trada
b. Carcinoma of penis with metastatic nodes
c. Filariasis
d. Tubercular lymphadenopathy

14. Hydrocele and edema in foot occur in: (PGI Nov 2011)
a. W. bancrofti
b. B. malayi
c. B. timori
d. Oncocerca volulus
e. Guinea worm
Ref: Sabiston 19/e p1820-1824; Schwartz 9/e p796-798; Bailey 26/e p930-931, 25/e p950-952

Ans.
1. c. Lymphocyte...
2. e. Hodgkin's lymphoma.
3. a. Young age
4. a. Painless...
5. a. Mediastinal
6. a. Reed Sternberg cell
7. c. 3000-5000 rad.
8. c. Lymph node biopsy
9. a., b and e.
10. c. de Quervain's cross...
11. b. Lymph node....
12. b. Lymphedema precox
13. c. Filariasis
14. a, b and c

15. Chronic lymphedema of limb is predisposed to all of the following except: (All India 2004)
a. Thickening of the skin
b. Recurrent soft tissue infections
c. Marjolin's ulcer
d. Sarcoma

Ref: Sabiston 19/e p1820; Schwartz 9/e p797; Bailey 26/e p926-927, 25/e p947-948

16. Lymphovenous anastomosis is done for: (PGI Dec 2006)
a. Filarial lymphedema
b. Lymphoid cyst
c. Cystic hygroma
d. Malignant lymphedema

17. Commonest cause of unilateral pedal edema in India is: (All India 2007)
a. Filariasis
b. Post traumatic
c. Post irradiation
d. Milroy's disease

18. All are true about congenital lymphedema except: (All India 2001)
A. It is bilateral
b. Involve lower limb
c. Almost always manifests before puberty
d. Acute lymphangitis may occur

19. The commonest cause for lymphedema of upper limb is: (All India 2005)
a. Filariasis
b. Congenital
c. Neck surgery
d. Post mastectomy irradiation

20. Milroy's disease is: (JIPMER 2000)
a. Edema due to filariasis
b. Post cellulitic lymphedema
c. Congenital lymphedema
d. Lymphedema following surgery

21. Most common bacterial infection in lymphedema is: (DNB 2010)
a. Staphylococcus
b. Streptococcus
c. E. coli
d. Pseudomonas

22. Lymphangiography of the leg is performed by:
a. An injection of sodium diatrizoate (Hypaque) subcutaneously between the toes
b. Injection sodium diatrizoate retrogradely under pressure into a small vein on the dorsum of the foot
c. Dissecting lymphatics through an incision on the dorsum of the foot
d. The use of an infusion pump

Ref: Sabiston 19/e p1822; Schwartz 9/e p797; Bailey 26/e p933, 25/e p954

23. Finding the cause of unilateral lymphedema of the leg includes: (JIPMER 2004)
a. Taking a family history
b. Looking for chronic infection in the foot
c. Looking for early malignant disease of the testis
d. Looking for filariasis
e. Performing a Casoni's test

24. Treatment of acute lymphangitis requires: (JIPMER 2007)
a. Antibiotic and rest
b. Immediate lymphangiography
c. Immediate multiple incisions
d. No special treatment

25. Grade I lymphedema means: (JIPMER 2000)
a. Pitting edema upto the ankle
b. Pitting edema upto the knee
c. Non-pitting edema
d. Edema disappearing after overnight rest

Ref: Sabiston 19/e p1821; Bailey 26/e p926, 25/e p947

26. Chronically lymphedematous limb is predisposed to all of the following except: (All India 2004)
a. Thickening of the skin
b. Recurrent soft tissue infections
c. Marjolin's ulcer
d. Sarcoma

27. A 45-years old man presents with progressive cervical lymph nodes enlargement, since 3 months: most diagnostic investigation is: (All India 2001)
a. X-ray soft tissue
b. FNAC
c. Lymph node biopsy
d. None of the above

Ref: Harrison 18/e p467

28. True about lymphangioma: (PGI June 2003)
a. It is a malignant tumor
b. It is a congenital sequestration of lymphatic channel
c. Cystic hygroma is a lymphangioma
d. Laser excision is done
e. Sclerotherapy is common done

Ref: Sabiston 19/e p1825; Schwartz 9/e p1667; Bailey 26/e p927, 25/e p947-948

29. True about lymphangioma is:
a. Common in puberty
b. Respond in low doses to radiotherapy
c. Lymphangioma progress slowly and may invade local tissue
d. Predisposes to cancer

Ans.	**15.** c. Marjolin's ulcer .	**16.** a. Filarial lymphedema	**17.** a. Filariasis	**18.** None
	19. a. Filariasis	**20.** c. Congenital lymphedema	**21.** b. Streptococcus	**22.** c. Dissecting lymphatics
	23. a and b.	**24.** a. Antibiotic and rest.	**25.** d. Edema disappearing...	**26.** c. Marjolin's ulcer
	27. c. Lymph node biopsy	**28.** b and c.	**29.** c. Lymphangioma ...	

30. The most common site of lymphangiosarcoma is: (UPSC 2004)
a. Liver
b. Spleen
c. Post-mastectomy edema of arm
d. Retroperitoneum

Ref: Sabiston 19/e p1825; Schwartz 9/e p1285; Bailey 26/e p931, 25/e p845

31. Lymphangiosarcoma occurs in: (DNB 2010)
a. Lymphangiomas
b. Lymphomas
c. Lymphedema
d. Serous cavity tumour

32. Investigation of choice in detecting small para-aortic lymph node is: (JIPMER 2003)
a. Ultra sound scan
b. CT scan
c. Lymphangiography
d. Arteriography

Ref: Sutton 7/e p515

33. In HIV infection, diffuse lymphadenopathy in a person who is clinically well is usually a sign of which of the following: (COMEDK 2004)
a. Lymphoma
b. Kaposi's sarcoma
c. Tuberculosis
d. Persistent generalized lymphadenopathy (PGL)

Ref: Harrison 18/e p466, 1525

34. Necrotizing lymphadenitis is characteristically seen in: (All India 2011)
a. Kimura disease
b. Kikuchi disease
c. Hodgkin's disease
d. Castleman disease

Ref: Nelson 18/e p2094

35. Lethal midline granuloma is synonym of: (DNB 2007)
a. Wagner's granulomatosis
b. Extra nodal NK cell/T cell lymphoma nasal type
c. Syphilis of nasal septum
d. Tuberculosis of nasal septum

Ans. **30.** c. Post mastectomy... **31.** c. Lymphedema **32.** b. CT scan **33.** d. Persistent generalized...
34. b. Kikuchi disease... **35.** b. Extranodal NK cell...

D. THROAX AND LUNG

1. Middle mediastinal masses include all the following except:
a. Bronchogenic cyst (COMEDK 2004)
b. Ascending aortic aneurysm
c. Pericardial cyst
d. Ganglioneuroma

2. Following are the tumors of posterior mediastinum except:
a. Neuroblastoma (COMEDK 2006)
b. Ganglioneuroma
c. Paravertebral abscess
d. Thymic tumor

3. The commonest anterior mediastinal tumors is:
a. Aneurysm of descending aorta (COMEDK 2008)
b. Neurogenic tumour
c. Thymoma
d. Bronchogenic cyst

4. D/D of anterior mediastinal mass includes:
a. Teratoma (PGI May 2011)
b. Thymoma
c. Lymphoma
d. Neurogenic tumor
e. Parathyroid carcinoma

5. Lymphoma most commonly affects which compartment of the mediastinum: (MHPGMCET 2006)
a. Anterior
b. Middle
c. Posterior
d. Inferior

Ref: Sabiston 19/e p1605-1606; Schwartz 9/e p575; Bailey 25/e p892

6. Most common middle mediastinal tumor:
a. Thymoma (MHSSMCET 2005)
b. Lymphoma
c. Aneurysm
d. Mesenchymal tumor

7. In thymoma, all are seen except: (AIIMS June 2001)
a. Hypogammaglobulinemia
b. Hyperalbuminemia
c. Red cell aplasia
d. Myasthenia gravis

Ref: Sabiston 19/e p1603-1604; Schwartz 9/e p572-573; Bailey 26/e p868, 25/e p892

8. Not a posterior mediastinal tumor: (AIIMS Nov 2008)
a. Neurofibroma
b. Lymphoma
c. Thymoma
d. Gastroenteric cyst

9. Anterior mediastinal tumors is/are: (PGI June 2004)
a. Thymoma
b. Aortic aneurysm
c. Bronchogenic cyst
d. Lymphoma
e. Bochdalek hernia

10. Posterior mediastinal tumors: (PGI June 2003)
a. Neuroblastoma
b. Bronchogenic cyst
c. Neuroenteric cyst
d. Lymphoma
e. Anterior thoracic meningioma

11. Majority of lung cysts occur in: (AIIMS Nov 2008)
a. Mediastinum
b. Near carina
c. Base of the lung
d. Peribronchial tissue

Ref: Sabiston 19/e p1602-1603; Schwartz 9/e p1419-1420

12. Which tumor among the following is not found in anterior mediastinum: (AIIMS Nov 2005)
a. Retrosternal goitre
b. Thymoma
c. Teratomatous mass
d. Neurogenic tumour

13. Thymectomy causes: (TN 2005)
a. Failure of rejection of transplanted organs
b. Myasthenia gravis
c. Autoimmune disorders
d. None of the above

Ref: www.ncbi.nlm.nih.gov/pmc/articles/PMC2974301

14. The most common primary tumor of mediastinum:
a. Lymphoma
b. Teratoma
c. Neurogenic tumor
d. Thymoma

15. Tumors of anterior mediastinum include the following except: (UPSC 2007)
a. Thymoma
b. Lymphoma
c. Germ cell tumour
d. Schwannoma

16. True about chylothorax: (DPG 2007)
a. Left side more common
b. Clear fluid
c. Immediate thoracotomy should be done
d. TOC is excision and ligation of thoracic duct

Ref: Sabiston 19/e p1598-1599; Schwartz 9/e p580-582; Bailey 26/e p938, 25/e p958

17. Chyluria is caused by all except: (MCI Sept 2009)
a. Pregnancy
b. Childbirth
c. Filariasis
d. Bile duct stones

Ref: http://en.wikipedia.org/wiki/Chyluria; Bailey 26/e p938, 25/e p958

Ans.
1. d. Ganglioneuroma. **2.** d. Thymic tumor **3.** c. Thymoma. **4.** a., b., c., e.
5. a. Anterior **6.** b. Lymphoma **7.** b. Hyperalbuminemia **8.** c. Thymoma.
9. a., b., c., d. **10.** a., b., c., d. **11.** a. Mediastinum. **12.** d. Neurogenic tumour
13. a. Failure of rejection... **14.** c. Neurogenic tumor **15.** d. Schwannoma **16.** d. TOC is excision...
17. d. Bile duct stones.

18. Intralobar sequestration of lungs takes its blood supply from: (AIIMS Nov 2004)

a. Internal mammary artery
b. Descending abdominal aorta
c. Pulmonary artery
d. None of the above

Ref: Sabiston 19/e p1836-1837; Schwartz 9/e p1418; Bailey 26/e p870, 25/e p894

19. Lung sequestration occurs most commonly seen in which lobe: (AIIMS June 2003)

a. Apical
b. Left posterior basal
c. Left porterosuperior
d. Right lateral basal

20. All of the following statements regarding bronchial cysts are true except: (MAHE 2005)

a. Seen in mediastinum
b. 50-70% occur in lung
c. Are commonly infected
d. Multilocular

21. True about bronchogenic cyst: (Punjab 2007)

a. Most of them are located at base of lung
b. They arise from anomalous development of foregut
c. They usually communicate with lung
d. They are lined by pseudostratified epithelium

22. Intralobar sequestration of lung is commonest in the: (UPSC 2002)

a. Apical segment of upper lobe
b. Medial segment of middle lobe
c. Lateral basal segment of lower lobe
d. Posterior basal segment of lower lobe

23. Extralobar bronchogenic cysts may communicate with the following except: (AMU 2004)

a. Esophagus
b. Stomach
c. Bronchus
d. None of the above

24. Sequestrated lung is supplied most commonly by: (Kerala 2000)

a. Bronchial arteries
b. Descending aorta
c. Subclavian artery
d. Intercostal arteries

25. Diagnosis of lung sequestration by: (JIPMER 2000)

a. CT
b. Angiography
c. MRI
d. X-ray

26. Spontaneous pneumothorax is commonly seen in: (PGI June 2002)

a. Smokers
b. Young females
c. Old age
d. Short statured men

Ref: Harrison 18/e p2181; Sabiston 19/e p1599; Schwartz 9/e p562; Bailey 26/e p853-854, 25/e p879

27. Which of the following is a cause of unilateral hyperluscent lung on chest radiography: (COMEDK 2009)

a. Poland syndrome
b. Asthma
c. Acute bronchiolitis
d. Pleural effusion

Ref: Wolfgang Radiology/271

28. Pneumothorax of what size generally needs operative treatment: (MHSSMCET 2010)

a. >10%
b. >20%
c. >30%
d. >40

29. In a patient with one episode of spontaneous pneumothorax, which is advised: (Jharkhand 2003)

a. Stop diving
b. Stop smoking
c. Stop flying
d. All

Ref: http://en.wikipedia.org/wiki/Pneumothorax

30. For open pneumothorax, which of the following is treatment of choice: (AIIMS June 2007)

a. IPPV
b. ICD with underwater seal
c. Thoracostomy and close the rent
d. Wait and watch

Ref: Bailey 26/e p355, 25/e p342-343

31. A case of spontaneous pneumothorax comes to you. What will be earliest treatment of choice: (AIIMS June 2006)

a. IPPV
b. Needle aspiration
c. ICD
d. Wait and watch

32. Spontaneous pneumothorax exceeding ….. % of chest cavity should have a chest tube inserted: (AIIMS 2001)

a. 10
b. 25
c. 45
d. 60

33. In pneumothorax due to blunt injury, treatment of choice is: (AIIMS 2008)

a. Observation
b. Pneumonectomy
c. Thoracotomy
d. Intercostal drainage

34. A patient presents with sudden onset of breath lessness after subclavian vein cannulation. On examination, breath sounds are absent while the chest is hyper-resonant on percussion on one side. Most likely cause is: (All India 2012)

a. Iatrogenic pnumothorax
b. Subclavian vein air embolus
c. Malposition of cannula
d. Cardiac arrhythmia

Ref: Complications in Anesthesiology by Kirby 2007/169

Ans.

18. b. Descending... **19.** b. Left posterior basal **20.** a, b and d. **21.** b. They arise...
22. d. Posterior basal... **23.** c. Bronchus... **24.** b. Descending aorta. **25.** a. CT
26. a. Smokers **27.** a. Poland syndrome **28.** b. >20% **29.** d. All
30. c. Thoracostomy... **31.** b. Needle aspiration **32.** b. 25 **33.** d. Intercostal drainage
34. a. Iatrogenic pneumo...

35. While inserting a central venous catheter, a patient develops respiratory distress. The most likely cause is: (All India 2002)

a. Hemothorax
b. Pneumothorax
c. Pleural effusion
d. Hypovolemia

36. All of the following are characteristic features of primary spontaneous pneumothorax except: (AIIMS 2003)

a. Male gender
b. Old age
c. Tall stature
d. History smoking

37. Which of the following statements about pneumothorax is true: (AIIMS Dec 2004)

a. Breath sounds are increased
b. Percussion note is decreased
c. Always needs chest tube insertion
d. Often needs chest tube insertion

38. In left sided massive pneumothorax, ECG shows all except: (AIIMS 2006)

a. Left axis deviation
b. Absent R wave
c. Peaked P wave
d. Precordial T wave inversion

Ref: http://www.ncbi.nlm.nih.gov/pubmed/ 21320674

39. Intrapleural pressure greater than atmospheric pressure is diagnostic of: (MHPGMCET 2001)

a. Valvular pneumothorax
b. Closed pneumothorax
c. Open pneumothorax
d. All

Ref: Sabiston 19/e p1599; Schwartz 9/e p138; Bailey 25/e p342

40. A 80-year-old male presented with lung abscess in left upper zone. Best treatment modality is: (UPPG 2008)

a. Antibiotics according to organisms
b. Surgical drainage
c. Tube thoracostomy
d. Wait and Watch

Ref: Harrison 18/e p2145-2146; Sabiston 19/e p1586; Schwartz 9/e p549-551; Bailey 26/e p870, 25/e p893

41. Management of a lung abscess refractory to prolonged antibiotic treatment includes all of the following except: (COMEDK 2004)

a. Lobectomy
b. Open drainage
c. Tube drainage
d. Intracavitary antibiotic instillation

Ref: Harrison 18/e p2146; Sabiston 19/e p1586; Schwartz 9/e p550-551; Bailey 26/e p870, 25/e p893

42. Complication of empyema are all except: (PGI Dec 2000)

a. Empyema necessitans
b. Bronchopleural fistula
c. Osteomyelitis
d. Pneumonia

Ref: Sabiston 19/e p1597-1598; Bailey 26/e p856, 25/e p881-882

43. Commonest cause of lung abscess: (AIIMS Nov 2006)

a. Aspiration
b. Hematogenous spread from distant site
c. Direct contact
d. Lymphatic spread

44. Least common site of lung abscess is: (PGI June 2009)

a. Left upper lobe
b. Left lower lobe
c. Right upper lobe
d. Right lower lobe

Ref: Schwartz 9/e p549

45. Most common cause of amoebic lung abscess is: (AIIMS Nov 94)

a. Direct extension from liver
b. Hematogenous spread
c. Lymphatic spread
d. By inhalation

Ref: Harrison 18/e p2145; Sabiston 19/e p1586; Schwartz 9/e p550

46. Failure of adequate drainage in an empyema with a bronchopleural fistula is indicated by: (JIPMER 2004)

a. Drainage less than 100 cc per day
b. Hemorrhagic drainage less than 100 cc per day
c. The development of haemoptysis
d. Continued productive cough with purulent material
e. All of the above

47. Most common cause of cold abscess of chest wall is: (TN 2005)

a. Pott's spine
b. TB abscesses of chest wall
c. TB of ribs
d. Intercostal lymphadenitis

48. Empyema necessitans is defined as so when: (UPSC 2002)

a. Plural empyema is under pressure
b. Pleural empyema has ruptured into bronchus
c. Pleural empyema has ruptured into the pericardium
d. Pleural empyema is showing extension to the subcutaneous tissue

49. Empyema can be caused by the following parasites except: (MHSSMCET 2008)

a. E. granulosus
b. Entamoeba coli
c. Paragonimus westermani
d. Strongyloides stercoralis

Ref: Bailey 24/e p117

50. Decision regarding surgery in a case of hemothorax due to blunt trauma chest should be based on: (All India 2008)

a. Chest symptoms
b. Hemodynamic status
c. Nature of chest tube output
d. X-ray finding

Ref: Bailey 26/e p355, 357, 25/e p345; Trauma Manual: Companion to trauma 4th/165

Ans.	**35.** b. Pneumothorax...	**36.** b. Old age...	**37.** d. Often needs chest...	**38.** a. Left axis deviation
	39. a. Valvular...	**40.** a. Antibiotics...	**41.** d. Intracavitary antibiotic...	**42.** d. Pneumonia
	43. a. Aspiration	**44.** a. Left upper lobe.	**45.** a. Direct extension from...	**46.** d. Continued productive...
	47. a. Pott's spine	**48.** d. Pleural empyema...	**49.** d. Strongyloides	**50.** b and c

51. The ideal treatment for hemothorax of blood loss greater than 500 ml/hour: (PGI June 99)
a. Wait and watch
b. Needle aspiration
c. Intercostal tube
d. Open thoracotomy with ligation of vessel

52. About hemothorax: (PGI Dec 2002)
a. Seen in choriocarcinoma
b. Supine posture is better than erect posture
c. Needle aspiration may be needed for diagnosis
d. Thoracotomy is always done

Ref: Harrison 18/e p2180; Schwartz 9/e p771; Bailey 26/e p355, 25/e p345

53. Excessive bleeding during hemothorax is caused usually by:
a. Vena cava (AIIMS June 2009)
b. Internal mammary artery
c. Heart
d. Major artery

54. A 30-year-old female comes acute breathlessness, neck vein distention, and absent breath sounds and mediastinal shift. Which of the following should be done immediately:
a. HRCT is the investigation of choice (PGI June 2008)
b. ABG analysis should be done
c. CXR
d. Large bore needle puncture of pleura

Ref: Sabiston 19/e p1599; Schwartz 9/e p138; Bailey 26/e p354, 25/e p342

55. Tension pneumothorax due to fracture rib is treated by:
a. Strapping (DPG 2011)
b. Tube drainage
c. IPPV
d. Internal fixation with open reduction

56. Treatment of choice for tension pneumothorax is:
a. Immediate IC tube drainage (SGPGI 2005)
b. Continuous aspiration by needle
c. Intermittent aspiration by needle
d. Thoracotomy with repair of leakage

57. True regarding management of traumatic pneumothorax is
a. Immediate ICD tube insertion (SGPGI 2005)
b. CT-scan should be done to confirm pulmonary leak
c. Intermittent needle aspiration
d. Sealed

Ref: Bailey 26/e p304, 25/e p341

58. A patient after road traffic accident presented with tension pneumothorax. What is the first line of management: (AIIMS Nov 2013)
a. Insert wide bore needle in 2nd intercostal space
b. Immediate chest X-ray
c. CT scan
d. Emergency thoracotomy

Ref: Sabiston 19/e p1599; Schwartz 9/e p138; Bailey 25/e p342

59. Condition which builds within hemithorax resulting in collapsed lung, flattened diaphragm, contralateral mediastinal shift and compromised venous return to right side of heart is known as: (MCI Sept 2007)
a. Open pneumothorax
b. Flail chest
c. Massive pulmonary hemorrhage
d. Tension pneumothorax

60. Lung injury with bad prognosis is: (DNB 2009)
a. Open pneumothorax
b. Closed pneumothorax
c. Tension pneumothorax
d. All have same prognosis

61. What is the 1st thing to be done to a patient with tension pneumothorax: (UPPG 2006)
a. Insertion of wide bore needle in the inter costal space
b. Water seal drainage
c. Leave the patient at rest for air to be absorbed
d. None

62. Tensions pneumothorax results in: (ICS 2008)
a. Alkalosis
b. Increased cardiac output
c. Decreased venous return
d. All of the above

63. Most common site for putting chest drain in case of pleural effusion: (AIIMS June 2000, All India 2002)
a. 2nd intercostal space mid-clavicular line
b. 7th intercostal space mid-axillary line
c. 5th intercostal space mid clavicular line
d. 5th intercostal space just lateral to vertebral column

Ref: Sabiston 19/e p1595-1596; PJ Mehta 13th/361

64. Meig's syndrome consist of the following except: (Karnataka 2001)
a. Ascites
b. Hydrothorax
c. Benign ovarian tumour
d. Malignant ovarian tumour

Ref: Harrison 18/e p2181

65. Pseudochylous pleural effusion is most often seen in: (PGI 2004)
a. T.b.
b. Lymphoma
c. CA lung
d. Filariasis

Ref: http://radiology.rsna.org/content/216/2/478.long

66. A rapidly filling hemorrhagic pleural effusion is suggestive of: (COMEDK 2001)
a. Pneumococcal infection
b. Tuberculosis
c. Bronchiectasis
d. Bronchogenic carcinoma

Ref: Sabiston 19/e p1596-1597; Schwartz 9/e p579; Bailey 26/e p859, 856, 25/e p881

Ans. **51.** d. Open thoracotomy... **52.** a, b and c. **53.** d. Major artery **54.** d. Large bore needle…
55. b. Tube drainage **56.** a. Immediate IC... **57.** b. CT-scan should... **58.** a. Insert wide bore...
59. d. Tension pneumo... **60.** c. Tension pneumothorax... **61.** a. Insertion of wide... **62.** c. Decreased venous...
63. None >b. 7th inter... **64.** d. Malignant ovarian tumour **65.** a. T.B. **66.** d. Bronchogenic carcinoma

67. The most common benign tumor of the lung is: (COMEDK 2008)

a. Hamartoma
b. Alveolar adenoma
c. Teratoma
d. Fibroma

Ref: Schwartz 9/e p526; Bailey 26/e p867, 25/e p891

68. Most common symptom of bronchial adenoma is: (All India 2004)

a. Chest pain
b. Cough
c. Recurrent hemoptysis
d. Weight loss

Ref: Harrison 18/e p753

69. True about bronchial adenoma: (All India 2008)

a. 10-15% of all lung tumour
b. Mostly malignant
c. Recurrent hemoptysis
d. Peripherally located

70. The following is true about bronchial carcinoids: (JIPMER 2011)

a. Highly radiosensitive
b. Metastasis common
c. Carcinoid syndrome does not manifest
d. Commonly arises from terminal bronchioles

Ref: Robbins 8/e p729; Harrison 18/e p3061-3062

71. Blood stained sputum may be the only symptom in: (Kerala 2002)

a. Bronchiectasis
b. Carcinoma bronchus
c. Adenoma bronchus
d. Pulmonary T.b.

72. In Video assisted thoracoscooic surgery for better vision, the space in the operative field is created by: (AIIMS June 2002)

a. Self retaining retractor
b. CO2 insufflations
c. Collapse of ipsilateral lung
d. Rib spacing

Ref: Sabiston 19/e p1570; Schwartz 9/e p522; Bailey 26/e p957, 25/e p881-883

73. VATS refers to: (Orissa 2011)

a. Vacuum assisted thoracic surgery
b. Video assisted thoracoscopic surgery
c. Video assisted transplant surgery
d. None of the above

74. Which of the following statements about lung carcinoma is true: (All India 2010)

a. Squamous cell variant accounts for 70% of all lung cancers
b. Oat cell variant typically present with cavitation
c. Oat cell variant is typically associated with hilar adenopathy
d. Adenocarcinoma variant is typically central in location

Ref: Sabiston 19/e p1573-1582; Schwartz 9/e p529-538; Bailey 26/e p859-867, 25/e p884-888; Devita 9/e p799-812; Harrison 18/e p738-751

75. True statement about adenocarcinoma lung are: (PGI June 2005)

a. Common in females
b. Not associated with smoking
c. Central cavitation is a characteristic feature
d. Peripheral involvement is common
e. Upper lobe involvement is common

Ref: Harrison 18/e p738-751; Sabiston 19/e p1573-1582; Schwartz 9/e p529-538; Bailey 26/e p859-867, 25/e p884-888; Devita 9/e p799-812

76. All of the following statements about non-small cell carcinoma of lung (NSCCL) are true except: (All India 2012)

a. Contralateral mediastinal nodes are contraindication to surgical resection
b. Single agent chemotherapy is preferred for patients >70 years with advanced disease
c. Squamous cell carcinoma is the most common NSCCL among Asian population
d. Geftinib is most effective for female smokers with adenocarcinoma histology

Ref: Harrison 18/e p751; Davidson 21st/703

77. Ramesh, 40-years male patient presenting with polyuria, pain abdomen, nausea, vomiting, altered sensorium was found to have bronchogenic carcinoma. The electrolyte abnormality seen in him would be: (AIIMS May 2002)

a. Hypokalemia
b. Hyperkalemia
c. Hypocalcaemia
d. Hypercalcemia

78. A 60-year-old male presented to the emergency with breathlessness, facial swelling and dilated veins on the chest wall. The most common cause is: (All India 2003)

a. Thymoma
b. Lung cancer
c. Hodgkin's lymphoma
d. Superior vena caval obstruction

Ref: Harrison 18/e p2266; 17/e p554

79. Which of the following tumor is most commonly associated with superior vena cava syndrome: (All India 2011)

a. Lymphoma
b. Small cell carcinoma
c. Non small cell carcinoma
d. Metastasis

80. In a 56-year-old chronic smoker there was a mass in bronchus which is successfully resected. This mass is most likely to be positive for: (AIIMS Nov 2009)

a. Cytokeratin
b. Vimentin
c. Epithelial membrane cadherin
d. Leukocyte

Ref: Fishman Pulmonary Disease 4th/848

Ans.
67. a. Hamartoma **68.** c. Recurrent hemoptysis **69.** c. Recurrent hemoptysis **70.** c. Carcinoid syndrome...
71. c. Adenoma bronchus **72.** c. Collapse of ipsilateral... **73.** b. Video assisted... **74.** c. Oat cell variant...
75. a and d. **76.** d. Geftinib is most... **77.** d. Hypercalcemia **78.** d. Superior vena...
79. b. Small cell... **80.** a. Cytokeratin...

81. Which of the following has no infectious etiology: (AIIMS Nov 2009)
a. Nasopharyngeal carcinoma
b. Hepatocellular carcinoma
c. Non-small cell lung carcinoma
d. Gastric carcinoma

82. Which of the following statements about small cell carcinoma is true: (All India 2009)
a. Bone metastasis is uncommon
b. Peripheral in location
c. Chemosensitive tumor
d. Paraneoplastic syndrome with PTH is common

Ref: Harrison 18/e p738, 751; 17/e p551-554

83. Most common site of metastasis in lung carcinoma: (AIIMS May 2007)
a. Liver
b. Adrenal
c. Bone
d. Brain

84. True about lung carcinoma: (PGI June 2009)
a. Adenocarcinoma most common
b. Squamous cell carcinoma is most common
c. Originates for type-II pneumocytes
d. Oat cell (Neuroendocrine cells)
e. Squamous cell carcinoma peripherally located

85. Poorest prognosis is lung cancer is associated with: (COMEDK 2005)
a. Small cell carcinoma
b. Adenocarcinoma
c. Squamous cell carcinoma
d. Adenosquamous cancer

86. A patient presented with 1cm coin lesion over right upper lobe of lung on X-ray not suggestive of metastasis. FNAC revealed adenocarcinoma, no lymphadenopathy. Treatment is: (JIPMER 2010)
a. Surgery
b. Surgery + chemotherapy
c. Surgery + Radiotherapy
d. Surgery + chemo-radio therapy

Ref: Harrison 18/e p745-747; Sabiston 19/e p1577-1582; Devita 9/e p808-822

87. Histological variants of bronchoalveolar carcinoma includes: (PGI Nov 2011)
a. Clara cells
b. Adenosquamous
c. Mucin secreting cells
d. Type II pneumocytes
e. Neuroendocrine cell

Ref: Robbins 8/e p725

88. Superior sulcus tumor of the lungs characteristically present with: (JIPMER 2011)
a. Horner syndrome
b. Breathlessness
c. Hemoptysis
d. Pancoast syndrome

Ref: Harrison 18/e p742; Sabiston 19/e p1582; Schwartz 9/e p534, 544-545; Bailey 26/e p859, 25/e p885; Devita 9/e p2136

89. Superior vena cava syndrome is caused most commonly by: (MCI Sept 2009)
a. Adenocarcinoma
b. Squamous cell carcinoma
c. Small cell carcinoma
d. Large cell carcinoma

90. A 60-year-old male was diagnosed as carcinoma right lung. On CECT chest there was tumour of 5 5 cm in upper lobe and another 2 2 cm size tumour nodule in middle lobe. The primary modality of treatment is: (DPG 2010, All India 2004)
a. Radiotherapy
b. Chemotherapy
c. Surgery
d. Supportive treatment

Ref: Sabiston 19/e p1582

91. A 65-year-old miner has lost 7 kg weight within two months, has presented with cough, and blood streaked sputum. He was treated for pulmonary tuberculosis 10 years ago. He also has drooping of his left eyelid for one month. On physical examination, there is ptosis of the left eye and papillary miosis. Chest X-ray revealed round opacification in the left upper apical lobe. What is the most probable diagnosis: (AIIMS May 2006)
a. Secondary tuberculosis
b. Adenocarcinoma
c. Squamous cell carcinoma
d. Asbestosis

92. Hoarseness secondary to bronchogenic carcinoma is usually due to extension of the tumor into: (UPSC 2002)
a. Vocal cord
b. Superior laryngeal nerve
c. Left recurrent laryngeal nerve
d. Right vagus nerve

93. All seen in pancoast syndrome except: (HPU 2005)
a. Brachial plexus involvement
b. Dyspnoea
c. Clubbing
d. Myasthenia gravis

94. Most common site of metastasis of carcinoma bronchi: (HPU 2005)
a. Liver + Bones
b. Prostate
c. Kidney
d. Breast

95. Clinical manifestations of bronchogenic carcinoma include of the following except: (ICS 2005)
a. Hoarseness of voice due to involvement of left recurrent laryngeal nerve
b. Horner's syndrome
c. Diaphragmatic palsy due to infiltration of phrenic nerve
d. Gastroparesis due to vagal involvement

Ans. **81.** c. Non-small cell **82.** c. Chemosensitive tumor **83.** b. Adrenal **84.** a and d
85. a. Small cell carcinoma **86.** a. Surgery **87.** a, c and d **88.** d. Pancoast syndrome
89. c. Small cell carcinoma **90.** None > c. Surgery **91.** c. Squamous cell... **92.** c. Left recurrent...
93. d. Myasthenia gravis **94.** a. Liver + Bones **95.** d. Gastroparesis

96. The site of temporal bone metastasis is most commonly seen with: (UPPG 2010)
a. Carcinoma breast
b. Carcinoma bronchus
c. Carcinoma kidney
d. Carcinoma prostate

Ref: www.ncbi.nlm.nih.gov ... v. 63Suppl 1; Jul 2011

97. Carcinoma responding maximally to radiotherapy is: (MCI Sept 2006)
a. Squamous cell carcinoma
b. Adenocarcinoma
c. Small cell carcinoma
d. Large cell carcinoma

98. Marker of small cell cancer of lung is: (DNB 2011)
a. Synaptobrevin
b. Chromagranin
c. Cytokeratin
d. Vimentin

99. Most common type of carcinoma lung is: (AIIMS May 2002)
a. Small cell carcinoma
b. Adenocarcinoma
c. Squamous cell carcinoma
d. Large cell carcinoma

100. All of the following are true regarding oat cell carcinoma of lung, except: (AIIMS June 2004)
a. Variant of large cell anaplastic carcinoma
b. Chemotherapy is effective
c. Paraneoplastic syndrome may be present
d. Causes SIADH

101. In pancoast tumor, following is seen except: (PGI June 2000)
a. Horner's syndrome
b. Rib erosion
c. Hemoptysis
d. Pain in shoulder and arm

102. All are elaborated by small cell carcinoma lung, except: (PGI June 2000)
a. ADH
b. ACTH
c. 5-HT
d. Noradrenaline

103. In case of CA lung, which among the following will be contraindication for surgical resection: (AIIMS Nov 2000)
a. Malignant pleural effusion
b. Hilar lymphadenopathy
c. Consolidation of one lobe
d. Involvement of visceral pleura

104. A 50-year-old smoker male presents with pain along the left arm and ptosis. His chest radiograph shows a soft tissue opacity at the left lung apex with destruction of adjacent ribs. The picture is suggestive: (AIIMS Nov 2003)
a. Adenocarcinoma lung
b. Bronchial carcinoid
c. Pancoast tumour
d. Bronchoalveolar carcinoma

105. Commonest symptom of carcinoma bronchus is: (AP 2002)
a. Hemoptysis
b. Dyspnoea
c. Cough
d. Wheezing
e. Pain

106. Cavity formation in bronchogenic carcinoma occurs in: (AIIMS 2001)
a. Oat cell carcinoma
b. Squamous cell carcinoma
c. Adenocarcinoma
d. Brobchoalveolar

107. The lung tumour responding best to radio-therapy: (UPPG 2008)
a. Small cell anaplastic
b. Squamous cell carcinoma
c. Adenocarcinoma
d. All respond equally well

108. The first step when doing a penumononectomy for cancer of the bronchus is to: (UPPG 2006)
a. Ligate the pulmonary vein
b. Ligate pulmonary artery
c. Divide the bronchus
d. Perform lymph node clearance

Ref: Bailey 25/e p890

109. In small cell carcinoma of the lung, one of the following is not seen: (Kerala 2007)
a. Hypercalcemia
b. Hyponatremia
c. Watery diarrhea
d. Hypokalemia

110. All of the following statements about small cell carcinomas are true, except: (PGI June 2006)
a. Commonest malignancy of lung
b. Associated with paraneoplastic syndrome
c. Cause SVC obstruction
d. Chemosensitive
e. Commonly metastasizes to brain

111. Which of the following statements about small cell carcinoma is true: (All India 2009)
a. Bone metastasis is uncommon
b. Peripheral in location
c. Chemosensitive tumor
d. Paraneoplastic syndrome with increase PTH is common

112. In a chronic smoker, a highly malignant aggressive and metastatic lung carcinoma is: (AIIMS May 2001)
a. Squamous cell carcinoma
b. Small cell carcinoma
c. Adenocarcinoma
d. Large cell carcinoma

113. Following hormonal levels are increased in small cell carcinoma of lung except: (All India 2003)
a. ACTH
b. Growth hormone
c. ANF
d. AVP

Ans.
96. b. Carcinoma... **97.** c. Small cell carcinoma **98.** b. Chromagranin **99.** b. Adenocarcinoma
100. a. Variant of large... **101.** c. Hemoptysis **102.** d. Noradrenaline **103.** a. Malignant pleural effusion
104. c. Pancoast tumour **105.** c. Cough **106.** b. Squamous cell... **107.** a. Small cell...
108. b. Ligate pulmonary... **109.** a and c **110.** a. Commonest ... **111.** c. Chemosensitive...
112. b. Small cell... **113.** b. Growth hormone....

114. Carcinoma lung responding best to chemotherapy:
a. Squamous cell carcinoma
b. Oat cell type
c. Adenocarcinoma
d. All respond equally

115. Clubbing is least common in: (AIIMS Dec 2007)
a. Squamous cell carcinoma
b. Adenocarcinoma
c. Small cell carcinoma of lung
d. Mesothelioma

116. A 60-year-old man presents with non productive cough and haemoptysis for 4 weeks; He has grade III clubbing, and a lesion in the apical lobe on x ray most likely diagnosis here is: (All India 2001, AIIMS June 2000)
a. Small cell carcinoma
b. Non-small cell carcinoma
c. Fungal infection
d. Tuberculosis

117. What is true regarding adenocarcinoma lung: (AIIMS Dec 2004)
a. Causes 50% of lung cancers
b. Unlikely histological variant in young patients
c. Associated with subcutaneous angiomyolipoma
d. Peripheral location

118. Commonest type of lung carcinoma in nonsmokers is: (AIIMS Dec 2005)
a. Squamous cell carcinoma
b. Adenocarcinoma
c. Alveolar cell carcinoma
d. Small cell carcinoma

119. Lung to lung metastasis is seen in:
a. Adenocarcinoma of lung
b. Squamous cell carcinoma
c. Small cell carcinoma
d. Neuroendocrine tumor of lung

120. A patient presents with secondaries to the adrenals. The most common site of primary is: (All India 2000)
a. Lung
b. Kidney
c. Breast
d. Stomach

121. Most common symptom of lung carcinoma: (AIIMS 2004)
a. Cough
b. Dyspnoea
c. Weight loss
d. Chest pain

122. The commonest intra-bronchial cause of hemoptysis is: (AIIMS May 2005)
a. Carcinoma lung
b. Adenoma lung
c. Emphysema
d. Bronchiectasis

123. A 60-year-old chronic smoker presents with complaints of hemoptysis. Her chest X-ray appears to be normal. What is the next best investigation: (All India 2001)
a. Bronchoscopy
b. High resolution CT
c. Sputum cytology
d. Pulmonary function test

124. In erect posture, commonest site of foreign body in bronchus: (AIIMS June 99)
a. Right posterior basal
b. Right anterior basal
c. Lateral basal
d. Medial basal

Ref: Schwartz 9/e p1420; Bailey 26/e p859, 25/e p884

125. Foreign body aspiration in supine position causes which of the following parts of the lung commonly to be affected:
a. Apical left lobe (AIIMS June 2002)
b. Apical lobe of right lung
c. Apical part of the lower lobe
d. Posterobasal segment of left lung

126. A foreign body completely obstructing the right main bronchus causes: (PGI June 2004)
a. Decreased ventilation perfusion ratio
b. Increased ventilation in left lung
c. Perfusion doubles in right lung
d. Increased VP ratio in right lung

127. All are true regarding mesothelioma except:
a. Bilaterally symmetrical (AIIMS May 2011)
b. Associated with asbestos exposure
c. Histopathology shows biphasic pattern
d. Occurs in late middle age

Ref: Sabiston 19/e p1599; Schwartz 9/e p582-584; Bailey 25/e p881

128. Pleural mesothelioma is associated with: (PGI Dec 2005)
a. Asbestosis
b. Berylliosis
c. Silicosis
d. Baggasosis

129. In a patient of mesothelioma, one often finds:
a. Hypoglycemia (PGI 2002)
b. An association with asbestosis
c. Hemorrhagic pleural effusion
d. Clubbing of fingers
e. All of the above

130. All of the following conditions may predispose to pulmonary embolism except: (All India 2003)
a. Protein S deficiency
b. Malignancy
c. Obesity
d. Progesterone therapy

Ref: Harrison 18/e p2170-2177; Sabiston 19/e p295-297; Schwartz 9/e p787-789; Bailey 26/e p917, 25/e p939

Ans.
114. b. Oat cell type
115. c. Small cell...
116. b. Non-small cell...
117. d. Peripheral location
118. b. Adenocarcinoma
119. a. Adenocarcinoma of lung
120. a. Lung
121. a. Cough
122. a. Carcinoma lung
123. a. Bronchoscopy
124. a. Right posterior...
125. c. Apical part of the...
126. a. Decreased...
127. a. Bilaterally symmetrical
128. a. Asbestosis
129. e. All of the above
130. d. Progesterone therapy

131. In acute pulmonary embolism, the most frequent ECG finding is: (AIIMS May 2006)
a. S1Q3T3 pattern
b. 'P' pulmonale
c. Sinus tachycardia
d. Right axis deviation

132. Most common symptom in pulmonary embolism: (MCI Sept 2007)
a. Dyspnea
b. Pleuritic chest pain
c. Cyanosis
d. Hemoptysis

133. Ventilation perfusion imaging is most useful for the diagnosis of: (COMEDK 2004)
a. Pulmonary thromboembolism
b. Asthma
c. Interstitial lung disease
d. Hypersensitivity pneumonitis

134. Which of the following diagnostic techniques is most specific for pulmonary embolism: (COMEDK 2007)
a. Pulmonary angiography
b. Ventilation lung scanning
c. Perfusion lung scanning
d. Arterial blood gas analysis

135. Early and reliable indication of air embolisms during anesthesia can be obtained by continuous monitoring of: (COMEDK 2008)
a. ECG
b. Blood pressure
c. End-tidal CO_2
d. Oxygen saturation

136. A mill-wheel type of murmur during laparoscopy suggests: (COMEDK 2009)
a. Tension pneumothorax
b. Intra-abdominal bleeding
c. Gas embolism
d. Pre-existing valvular disease

137. Radiographic features of pulmonary embolism include all except: (COMEDK 2011)
a. Westermarck's sign
b. The Fleischner sign
c. Hampton's hump
d. Virchow sign

138. CT angiographic finding of acute pulmonary thromboembolism includes: (PGI Nov 2011)
a. Filling defect of main pulmonary artery
b. Pleural fibrosis
c. Lobar and segmental oligemia
d. Pleural effusion
e. Peripheral, wedge-shaped consolidations

Ref: Harrison 18/e p2174; Danhert Radiology 5th/51; Bhadury radiology 2nd/32

139. Patient admitted with fracture shaft of femur in a few days developed respiratory distress, ↓SPO2 and petechial rashes. Diagnosis: (JIPMER 2011)
a. Fat embolism
b. Pulmonary embolism
c. Hemolytic anemia
d. Crush syndrome

Ref: Apley's 8/e p 535-536, Rockwood 6th/553

140. Investigation of choice in pulmonary embolism: (JIPMER 2010)
a. Ventilation perfusion scan
b. MRI
c. CECT
d. X ray

141. A patient with fracture pelvis is admitted in ICU after surgery. Post operatively he develops sudden dyspnea and chest. The likely cause is: (AIIMS Nov 2009)
a. Pulmonary thromboembolism
b. Shock
c. Respiratory infection
d. ARDS

142. All are true about pulmonary embolism, except: (AIIMS May 2004)
a. Chest pain is the most common symptom
b. Most commonly presents within 2 weeks
c. More is the survival time, more is the chance of recovery
d. Arises from leg veins

143. The most common source of pulmonary embolism is: (AIIMS May 2007)
a. Amniotic fluid embolism
b. Calf vein thrombi
c. Large veins of leg
d. Cardio thoracic surgery

144. D-dimer values may be increased in all of the following except:
a. Myocardial infarction
b. Pneumonia
c. Anticoagulant therapy
d. Pregnancy

145. D-dimer is the most sensitive diagnostic test for: (AIIMS May 2005)
a. Pulmonary embolism
b. Acute pulmonary edema
c. Cardiac tamponade
d. Acute myocardial infarction

146. Best investigation when there is clinical suspicion of pulmonary embolism in a patient is:
a. D-dimer assay
b. Multidetector CT angiography
c. Doppler ultrasound
d. Catheter angiography

147. A 55-years man who has been on bed rest for the past 10 days complains of breathlessness and chest investigation should be: (All India 2004, 2003)
a. Lung ventilation-perfusion scan
b. Pulmonary arteriography
c. Pulmonary venous angiography
d. Echocardigraphy

Ans.
131. c. Sinus tachycardia
132. a. Dyspnea
133. a. Pulmonary...
134. a. Pulmonary...
135. c. End-tidal CO_2
136. c. Gas embolism
137. d. Virchow sign.
138. a, c, d and e.
139. a. Fat embolism
140. c. Contrast-CT
141. a. Pulmonary...
142. a. Chest pain...
143. c. Large veins of leg...
144. c. Anticoagulant...
145. a. Pulmonary embolism
146. b. Multidetector...
147. a. Lung ventilation...

148. The most definitive method of diagnosing pulmonary embolism is: (AIIMS Nov 2005)
a. Pulmonary arteriography
b. Radioistope perfusion pulmonary scintigraphy
c. EKG
d. Venography

149. A young patient presents to the emergency with acute pulmonary embolism. Patients blood pressure is normal but echocardiography reveals right ventricular hypokinesia and compromised cardiac output. The treatment of choice in this patient is: (AIIMS Nov 2001)
a. Thrombolytic therapy
b. Anticoagulation with low molecular weight heparin
c. Anticoagulation with warfarin
d. Inferior vena cava filters

Ref: Harrison 18/e p2174; Sabiston 19/e p297; Schwartz 9/e p787-789; Bailey 26/e p917, 25/e p939

150. In pulmonary embolism, fibrinolytic therapy is responsible for: (PGI Dec 2008)
a. Risk of haemorrhage
b. Prognosis good
c. Massive emboli
d. All of the above

151. IVC filter is used in following except: (PGI Dec 2001)
a. Massive emboli
b. Negligible size of emboli
c. Repeated emboli
d. None

152. The sequence of symptoms in pulmonary embolism is:
a. Fever, pain, dyspnoea (JIPMER 2002)
b. Fever, dyspnoea
c. Dysponea, pain, hemoptysis
d. Dysponea, cough, purulent sputum

153. The commonest site of lodgment of pulmonary embolus is in the territory of: (UPSC 2008)
a. Right lower lobe
b. Right upper lobe
c. Left Lower lobe
d. Left upper lobe

154. A young male presented with dyspnea, bleeding and petchial hemorrhage in the chest after 2 days following fracture shaft of the femur right side. Most likely cause is:
a. Air embolism (UPPG 2008)
b. Fat embolism
c. Pulmonary thrombo-embolism
d. Amniotic fluid embolism

155. CABG is done for all of the following indications except:
a. To reduces symptoms (All India 2007)
b. To prevent further catastrophics
c. To prolong life
d. To prevent progress of native blood vessel disease

156. Valvoplasty is done in following except: (PGI Dec 2007)
a. Coarctation of aorta
b. PS
c. MS
d. AS

157. Treatment of choice in postoperative lung collapse is all except: (AIIMS June 2005)
a. Needle drainage
b. Corticosteroids
c. Pulmonary resection
d. Endoscopic suction

Ref: Sabiston 19/e p292-293

158. Following is true of eventration of diaphragm:
a. It is a development defect (AIIMS 2004)
b. Early surgery is treatment
c. Defect is usually muscular
d. Diagnosed mostly clinically

Ref: www.ncbi.nlm.nih.gov › ... Lung India › v.262; Apr-Jun 2009 by AP Kansal

159. Broncholithiasis means: (Kerala 2006)
a. Calcified lymph nodes eroding into bronchus
b. Foreign body calcified in bronchus
c. Lithium deposition in bronchial wall
d. A hamartoma

Ref: www.ncbi.nlm.nih.gov/pubmed/12376611

160. Complication to PEEP include all except: (UPSC 2001)
a. Pulmonary edema
b. Emphysema
c. Cardiogenic shock
d. Pneumonia

161. The greatest incidence of bronchopleural fistula is following: (DPG 2008)
a. Segmental resection
b. Lobectomies
c. Pneumonectomies
d. Thorocotomy

162. The most important consideration in a patient with borderline pulmonary function requiring lung resection is: (Karnataka 2003)
a. The amount of nonfunctioning lung tissue to be removed
b. The amount of functioning lung tissue to be removed
c. Experience of the surgical team
d. Elevated pulmonary artery pressure

163. Which needle is used for pleural biopsy: (COMEDK 2007)
a. Vin silvermann's
b. Abram's
c. Abraham's
d. Osgood's

Ref: Bailey 26/e p856, 25/e p881

164. Heimlich valve is used for drainage of: (COMEDK 2008)
a. Pneumothorax
b. Hemothorax
c. Emphysema
d. Malignant pleural effusion

Ref: thorax.bmj.com ›Volume 58, Issue suppl 2

Ans.
148. a. Pulmonary… **149.** a. Thrombolytic therapy **150.** a. Risk of hemorrhage **151.** b. Negligible size...
152. c. Dyspnea, pain,... **153.** d. Left upper lobe **154.** b. Fat embolism **155.** d. To prevent...
156. a. Coarctation of... **157.** d. Endoscopic suction **158.** a. It is a deve, c. Defect... **159.** a. Calcified lymph.
160. b. Emphysema **161.** b. Lobectomies... **162.** d. Elevated pulmonary... **163.** b. Abram's...
164. a. Pneumothorax

165. The organism most frequently related to mediastinal fibrosis is: (DPG 2010)
a. Actinomycosis
b. Histoplasma
c. Hansen's bacillus
d. Staphylococcus

Ref: Sabiston 19/e p1587; Schwartz 9/e p577

166. Which is true regarding hydatid cyst of lung:
a. Never ruptures (AIIMS June 2002)
b. Calcification is common
c. Always associated with cyst in the liver
d. More common in lower lobes

167. The commonest site for extragonadal germ cell tumour is:
a. Retroperitoneum (COMEDK 2009)
b. Sacrococcygeal region
c. Pineal gland
d. Mediastinum

168. The most popular incision for open general thoracic surgical procedures is: (COMEDK 2010)
a. Anterior thoracotomy
b. Median sternotomy
c. Lateral thoracotomy
d. Transverse thoracosternotomy

Ref: Bailey 25/e p888

169. Pleura ends at which level in the posterior axillary line:
a. Medial border of 11th rib (Punjab 2007)
b. Lateral border of 11th rib
c. Medial border of 12th rib
d. Lateral border of 12th rib

Ref: BDC 4th/vol-I/220

170. All are indications for surgery in bronchiectasis except:
a. Hemoptysis (JIPMER 2010)
b. Copious symptoms
c. Bleeding
d. Recurrent infections

Ref: Bailey 26/e p869, 25/e p893

171. Bastio surgery for refractory LV hypertrophy is:
(MHSSMCET 2006)
a. Patch repair
b. MR repair
c. Ventriculectomy
d. Ventriculoplasty

172. Resting intrapleural pressure: (MHSSMCET 2007)
a. -2 to -6 mmHg
b. +2 to +6 mmHg
c. -5 to -10 mmHg
d. -10 to +10 mmHg

173. Topical application of mitomyin C is recommended for:
a. Endoscopic treatment of angiofibroma (All India 2012)
b. Sturge-Weber syndrome
c. Skull bone osteomyelitis
d. Laryngotracheal stenosis

Ref: Dhillon 3rd/67

174. CXR of industrial worker exposed to asbestos over 20 years shows an ill-defined round opacity in the lower lobe with a comet tail appearance on PA-view. Which of the following is the most likely diagnosis: (All India 2012)
a. Mesothelioma
b. Bronchogenic carcinoma
c. Round atelectasis
d. Pulmonary infarct

Ref: Thoracic Imaging by Golanski Thieme 2010/Atelectasis/Chapter 2

175. Coronary graft is most commonly taken from: (DNB 2012)
a. Femoral vein
b. Saphenous vein
c. Axillary vein
d. Cubital vein

Ref: Bailey 26/e p828

176. Patient can safely undergo major lung resection without increased risk of post operative complication if: (DNB 2006)
a. FEV1 > 1L, Normal DLCO
b. FEV1 > 1L, Decreased DLCO
c. FEV1 > 2L, Normal DLCO
d. FEV1 > 2L, Decreased DLCO

Ref: Bailey 26/e p851-852

177. Which of the following is false about hemoptysis:
(AIIMS Nov 2013)
a. Massive hemoptysis is bleeding >600 ml in 24 hours
b. In 90% cases, bleeding from bronchial arteries
c. CT chest is the first investigation done
d. In an unstable patient, rigid bronchoscopy is done to identify the lesion

Ref: Harrison 18/e p285; Sabiston 19/e p1589

178. A young man with pulmonary tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment, which vascular structure should be evaluated first:
(All India 2004)
a. Pulmonary artery
b. Bronchial artery
c. Pulmonary vein
d. Superior vena cava

Ref: Grainger Radiology 4th/609

179. Indications of surgery in pulmonary TB: (PGI Dec 2006)
a. Suspicion of malignancy
b. Cavitary lesion with aspergilloma
c. Massive hemoptysis
d. All of the above

Ref: Tuberculosis by William N. Rom/519; Harrison 18/e p1371-1373

180. Most common abnormality associated with ARDS:
a. Hypoxemia (JIPMER 2011)
b. Hypercapnea
c. Diffuse alveolar damage
d. Bilateral alveolar infiltrates

Ref: Harrison 18/e p2205-2207; Sabiston 19/e p578

Ans. **165.** **b. Histoplasma** **166.** d. More common... **167.** d. Mediastinum **168.** c. Lateral thoracotomy
169. d. Lateral border... **170.** a. Hemoptysis **171.** c. Ventriculectomy **172.** a. -2 to -6mm Hg
173. d. Laryngotracheal.... **174.** c. Round atelectasis **175.** b. Saphenous vein **176.** c. FEV1 >22, normal DLCO
177. c. CT chest... **178.** b. Bronchial artery **179.** d. All of the above **180.** a. Hypoxemia

181. The ideal tidal volume in a patient ventilated for ARDS is: (COMEDK 2010)

a. 6 mL/kg
b. 10 mL/kg
c. 14 mL/kg
d. 20 mL/kg

Ref: Harrison 18/e p2207

182. Adult respiratory distress syndrome is defined by all except: (COMEDK 2005)

a. PCWP >18 mm Hg
b. PaO2 /FiO2 <200
c. Diffuse bilateral air space edema on chest X-ray
d. All the above

Ref: Harrison 18/e p2205

183. Which of the following is most characteristic feature of ARDS: (All India 2012)

a. Diffuse alveolar damage
b. Hypoxia and hypoxemia
c. Surfactant deficiency
d. Hypocapnia

184. ARDS is associated with: (PGI Dec 2004)

a. Acute pancreatitis
b. Trauma
c. Severe falciparum malaria
d. All of the above

185. Acute lung injury is characterized by all, except: (PGI Dec 2004)

a. Alveolar infiltrates
b. Hypoxemia
c. Pulmonary shunting
d. PaO2/FiO2 <200mm of Hg
e. None of the above

186. All are seen in ARDS, except: (AIIMS May 2005)

a. Pulmonary edema
b. Decreased tidal volume
c. Hypercapnia
d. Decreased compliance

187. In ARDS, not true is: (PGI June 2004)

a. Decreased pulmonary compliance
b. Increased pulmonary artery pressure
c. Increased left atrial pressure
d. Severe hypoxemia

188. Acute lung injury (ALI)is characterized by all except:

a. PaO2/FiO2 <200mm Hg
b. Bilateral interstitial infiltrates
c. PCWP <18 mm Hg
d. Normal left atrial pressure

189. Absolute contraindications of heart transplantation: (PGI Dec 2000)

a. HIV infection
b. Age >60 years
c. Irreversible pulmonary hypertension
d. Significant pulmonary vascular disease
e. Malignancy

Ref: Bailey 25/e p1428, 24/e p918; Harrison 18/e p1916

190. True regarding presentation(s) of thoracic duct injury: (PGI June 2009)

a. Electrolyte imbalance
b. Lymphopenia
c. Dehydration
d. Lymphedema
e. Chylothorax may be present

Ref: Sabiston 19/e p1598; Schwartz 9/e p580-582; Bailey 26/e p702, 25/e p958; CSDT 12th/226

191. True about chest trauma: (PGI June 2008)

a. ECG done in all cases associated with sternal fracture
b. Under water seal drainage if associated with pneumothorax
c. X-ray chest investigation of choice
d. Urgent surgery needed in all cases

Ref: Bailey 26/e p353-355, 25/e p341-345

192. Interstitial emphysema may be found in the following conditions: (Kerala 2002)

a. Chest injury
b. Tracheostomy
c. Surgical wound
d. All

193. The most common primary cardiac tumor is: (COMEDK 2004)

a. Rhabdomyoma
b. Myxoma
c. Leiomyoma
d. Lipoma

194. Regarding pectus excavatum all are true except: (PGI Dec 2007)

a. Gross CVS dysfunction
b. Decrease in lung capacity
c. Cosmetic deformity
d. Depression in chest

Ref: Sabiston 19/e p1856; Bailey 26/e p872, 25/e p895

195. The following are indications for performing thoracotomy after blunt injury of the chest, except: (UPSC 2008)

a. 1000 ml drainage after placing an intercoastal tube
b. Continuous bleeding through intercoastal tube of more than 200 ml/hour for three or more hours
c. Cardiac tamponade
d. Rib fracture

Ref: Sabiston 19/e p438; Schwartz 9/e p159; Bailey 26/e p357, 25/e p345-346, 888-891

196. Thoracotomy is indicated in all the following except: (MHPGMCET 2003)

a. Penetrating chest injuries
b. Rapidly accumulating hemothorax
c. Massive air leak
d. Pulmonary contusion

107. Surgical indication in the treatment of hemoptysis: (PGI Dec 2006)

a. Profuse uncontrolled bleeding
b. Bronchiectasis
c. Bronchial adenoma
d. Bronchial fistula

Ref: Tuberculosis by William N. Rom/519; Harrison 18/e p1371-1373

Ans.

181. a. 6 mL/Kg
182. a. PCWP >18mm Hg
183. a. Diffuse alveolar...
184. d. All of the above
185. d. (PaO2/FiO2...
186. c. Hypercapnia
187. c. Increased...
188. a. PaO2/FiO2 ...
189. a, c and e
190. a, b, c and e
191. a, b and c
192. d. All
193. b. Myxoma
194. a. Gross CVS dysfunction
195. d. Rib fracture.
196. d. Pulmonary contusion
197. a, c and d

198. Muscle not cut in posterolateral thoracotomy is: (PGI Dec 2009)
a. Serratus anterior
b. Latissimus dorsi
c. Rhomboides major
d. Pectoralis major

Ref: Sabiston 19/e p1570; Farquharson's Operative Surgery 9/e p132

199. Which is not an indication of thoracotomy: (AIIMS Nov 2008)
a. Massive pneumothorax
b. Pulmonary contusion
c. Bleeding more than 200 ml/hour in thoracotomy tube
d. Esophageal rupture

200. During emergency thoracotomy, the incision is made > 1 cm lateral to sternal margin to preserve: (All India 2012)
a. Intercoastal artery
b. Superior epigastric artery
c. Internal mammary artery
d. Intercostal vein

Ans. 198. c. Rhomboides major **199.** b. Pulmonary con... **200.** c. Internal mammary artery

6. PLASTIC SURGERY

A. Burns
B. Plastic Surgery and Skin Lesions
C. Wond Healing, Tissue Repair and Scar

PLASTIC SURGERY (QUESTIONS)

A. BURNS

1. Late deaths in burns is due to: (PGI Dec 2003)
  a. Sepsis
  b. Hypovolemia
  c. Contractures
  d. Neurogenic

Ref: Sabiston 19/e p534-536; Schwartz 19/e p204; Bailey 26/e p394-395, 25/e p387-390

2. Most common cause of death due to burns in early period is: (APPG 2008)
  a. Sepsis
  b. Hypovolemic shock
  c. Both
  d. None

3. Most common carcinoma after burns is: (DPG 2008)
  a. Squamous cell carcinoma
  b. Adenocarcinoma
  c. Melanoma
  d. Mucoid carcinoma

4. Most common cause of death in burns is: (Punjab 2008)
  a. Primary shock
  b. Secondary shock
  c. Hemorrhagic shock
  d. Septicemic shock

5. Burns shock is: (Punjab 2011)
  a. Hypovolemic
  b. Neurogenic
  c. Endotoxic
  d. Cardiogenic

Ref: Sabiston 19/e p521-522; Schwartz 19/e p204; Bailey 26/e p390-391, 25/e p384-386

6. Which of the following statement(s) is/are true about post-burn neck contracture: (PGI June 2009)
  a. Occur because of conservative management of deep burn
  b. Treated by flaps
  c. Obliteration of cervicomental angle
  d. Dental abnormalities may be present
  e. Never develop in deep dermal burn

Ref: Total Burn Care by David N. Herndon 3/e p714-715; Sabiston 19/e p534-535; Schwartz 19/e p204; Bailey 26/e p396, 25/e p388

7. Death from burns in first 10 days is due to all except:
  a. Shock
  b. Infection (DNB 2005)
  c. Renal failure
  d. Respiratory distress

8. According to "rule of nines", burns involving perineum are:
  a. 1%
  b. 9% (MCI March 2009)
  c. 18%
  d. 27%

Ref: Sabiston 19/e p523; Schwartz 19/e p199-200; Bailey 26/e p389, 25/e p381

9. A five-years old child presents to the emergency department with burns. The burn area corresponding to the size of his palm is equal to: (All India 2011)
  a. 1% BSA
  b. 5% BSA
  c. 10% BSA
  d. 20%

10. Head and neck involvement in burns in infant is:
  a. 9%
  b. 18% (PGI June 2000)
  c. 27%
  d. 32%

11. An adult whose both lower limbs are charred along with genitalia has……..burns. (DPG 2010)
  a. 18%
  b. 19%
  c. 36%
  d. 37%

12. In a 6-years old child with burns involving the whole of head and trunk, estimated body surface area of burns is:
  a. 44%
  b. 52% (COMEDK 2008)
  c. 55%
  d. 58%

Ref: Sabiston 19/e p524

13. Rule of nine of estimate surface area of a burnt patient was introduced by: (AIIMS 2003)
  a. Mortix Kaposi
  b. Alexander Wallace
  c. Joseph Lister
  d. Thomas Barclay

14. Calculate the percentage of burns on the head, neck and face in a child of one year: (All India 2007)
  a. 10%
  B. 16%
  c. 13%
  d. 15%

15. Best method to assess burns in 5 years old child caused by boiling water: (AIIMS May 2013)
  a. Palm method
  b. Rule of 9
  c. Lund and Browder chart
  d. Rule of one

Ref: Schwartz 19/e p199-200

Ans.				
	1. a. Sepsis.	**2.** b. Hypovolemic shock	**3.** a. Squamous cell car...	**4.** d. Septicemic shock
	5. a. Hypovolemic	**6.** a., b., c., d..	**7.** c. Renal failure.	**8.** a. 1%.
	9. Ans. a. 1% BSA	**10.** b. 18%	**11.** d. 37%	**12.** a. 44%
	13. b. Alexander Wallace	**14.** None	**15.** **c.** Lund and Browder chart	

16. A child has circumferential burn of both of thighs and buttocks, face and scalp with singeing of hairs. Calculate the percentage of burns: (AIIMS May 2013)
a. 24
b. 27
c. 37
d. 45

Ref: Sabiston 19/e p524

17. True regarding burns: (PGI Dec 2007)
a. Only 2nd and 3rd degree is considered in the classification
b. 2nd degree-Epidermis + papillary dermis
c. Blisters-2nd degree
d. Curling ulcer can occur
e. Classified according to depth of invasion

Ref: Sabiston 19/e p522-523; Schwartz 19/e p199-200; Bailey 26/e p389-390, 25/e p381-382

18. In a patient with the burn wound extending into the superficial epidermis without involving the dermis would present will all of the following except: (SGPGI 2005)
a. Healing of the wound spontaneously without scar formation
b. Anaesthesia at the site of burn
c. Blister formation
d. Painful

19. A third degree circumferential burn in the arm and forearm region, which of the following is most important for monitoring: (UPPG 2004)
a. Blood gases
b. Carboxy-oxygen level
c. Macroglobiunria cryoglobinuria
d. Peripheral pulse and circulation

Ref: Sabiston 19/e p531; Schwartz 19/e p204; Bailey 26/e p392, 25/e p385

20. In 3rd degree burns, all are seen except: (UPPG 2004)
a. Vesicles are absent
b. Painful
c. Leathery skin
d. Reddish due to Hb infiltration

21. True statement regarding 2nd degree deep burn: (PGI Dec 2008)
a. Blanch on pressure
b. Erythema
c. Dry white colour
d. Painless
e. Predispose to hypothermia

22. Degree of burns in a patient with prominent vessels with decreased needle prick sensation and dryness: (MHSSMCET 2006)
a. Superficial partial thickness burns
b. Deep partial thickness burns
c. Electric burns
d. Full thickness burns

23. Burn involving epidermis and full thickness of dermis: (MHSSMCET 2008)
a. First degree burns
b. Partial-thickness second degree burns
c. Full-thickness second degree burns
d. Third degree burns

24. True about burn is: (UPPG 2010)
a. Full thickness burn feels, leathery, painless
b. Electric burn are superficial
c. IV fluid formula used Curreri and Brooke
d. Skin grafting done after 48 hours
e. 1 year of age in head and neck region covers 18%

Ref: Bailey 25/e p382, 387; CSDT 11/e p/273

25. Which of the following is not seen in 3rd degree burns: (MCI March 2009)
a. Loss of skin appendages
b. No vesicles
c. Red color
d. Extremely painful

26. In second degree burns, re-epithelialisation occurs around: (MCI Sept 2009)
a. 1 week
b. 2 weeks
c. 3 weeks
d. 4 weeks

27. Which of the following is false regarding deep 2nd degree burns: (MCI Sept 2009)
a. Heal by scar deposition
b. Painless
c. Damage to deeper dermis
d. Less blanching

28. Superficial burns; true is/are: (PGI June 2001)
a. Always requires skin grafting
b. Dry and inelastic
c. Blister formation
d. Painless
e. Can be healed within 7-10 days

29. Not a feature of deep burn is: (AIIMS Nov 2003)
a. Black charred skin
b. White leathery skin
c. Loss of pain sensation
d. Blisters

30. Burns with vesiculation, destruction of the epidermis and upper dermis is: (PGI June 2009)
a. 1st degree
b. 2nd degree
c. 3rd degree
d. 4th degree

31. Blisters are seen in which type of burns: (DNB 2009)
a. Superficial first degree
b. Superficial second degree
c. Third degree
d. Deep first degree

Ans.				
	16. c. 37	**17.** b, c, d and e.	**18.** b and c.	**19.** d. Peripheral pulse...
	20. b. Painful	**21.** c, d and e.	**22.** b. Deep partial....	**23.** d. Third degree burns...
	24. a and e.	**25.** d. Extremely painful	**26.** b. 2 weeks	**27.** d. Less blanching
	28. c and e.	**29.** d. Blisters	**30.** b. 2nd degree.	**31.** b. Superficial...

32. All may be seen in deep burns except: (All India 2007)
a. Hyperthermia
b. Increase vascular permeability
c. Fluid loss by evaporation
d. Vasodilation

33. A burn patient is referred when: (PGI June 2004)
a. 10% superficial burn in child
b. Scald in face
c. 25% superficial burn in adult
d. 25% deep burn in adult
e. Burn in palm

Ref: Sabiston 19/e p521-522; Schwartz 19/e p198; Bailey 26/e p388, 25/e p380-381

34. In burns heat loss is by/due to: (PGI 2003)
a. Dilatation of veins
b. Shock
c. Exposed area by evaporation
d. None of the above

Ref: Sabiston 19/e p521-522; Schwartz 19/e p197-199; Bailey 26/e p386-387, 25/e p378-379

35. Metabolic derangements in severe burns are all except: (PGI June 2000)
a. ↑ corticosteroid secretion
b. Hyperglycemia
c. ↑ secretion of HCl
d. Neutrophil dysfunction

36. Pus in burns form in: (DPG 2000)
a. 2-3 days
b. 3-5 days
c. 2-3 weeks
d. 4 weeks

37. Fever in burnt patient is caused by: (PGI Nov 2009, June 2009)
a. Septicemia
b. Due to hypermetabolism
c. Decreased sweating
d. Release of pyrogens from dead product
e. Dehydration

Ref: Total Burn Care by David N. Herndon 3/e p158; Sabiston 19/e p524-526; Schwartz 19/e p204; Bailey 26/e p386-387, 25/e p378-379

38. True about thermal burn injury: (PGI June 2009)
a. Outermost layer is zone of stasis
b. Middle layer is zone of hyperemia
c. Inner layer is zone of coagulation
d. Hyperemia is due to vasodilatation
e. Zone of stasis is associated with vascular damage

Ref: Sabiston 19/e p521-522; Schwartz 19/e p197-199; Bailey 26/e p386-387, 25/e p378-379

39. Undue restlessness in a patient during the immediate post burn period is often a manifestation of: (Karnataka 2005)
a. Hypoxia
b. Hypovolemia
c. Hyperkalemia
d. Anxiety

40. All requires hospitalization except: (DNB 2002)
a. 5% burns in children
b. 10% scalds in children
c. Electrocution
d. 15% deep burns in adults

41. True about burns: (PGI 2000)
a. Hyperglycemia is seen in early burns
b. Child with burns should have damp dressing
c. Chemical powder burns should be kept dry
d. 3rd degree burns are painfull

42. Parkland formula is: (JIPMER 2010)
a. Percentage of burns weight (kg) 4 = volume in ml
b. Percentage of burns weight (kg)/2 = 1 volume in ml
c. Percentage of burns weight (kg) 9 = volume in ml
d. 500 ml/m2 BSA + 1500 ml/m2 = volume in ml

Ref: Sabiston 19/e p530; Schwartz 19/e p199; Bailey 26/e p390-391, 25/e p384-385

43. IV formula for burn is: (UPPG 2009)
a. Total % body surface area x weight x 4 = volume in ml
b. Total % body surface area x weight x 5 = volume in ml
c. Total % body surface area x weight x 6 = volume in ml
d. Total % body surface area x weight x 7 = volume in ml

44. IV fluids rule for burns: (MAHE 2005)
a. % body surface area X weight in pounds X 4= Volume in ml
b. % body surface area X weight in Kgs X 4= Volume in Lts
c. % body surface area X weight in Kgs X 5 = Volume in ml
d. % body surface area X weight in Kgs X 4 = Volume in ml

45. Which of the following formula for fluid administration in a patient with burns is not correct: (MHSSMCET 2008)
a. Parkland: 4 ml Kg/% TBSA burn of RL
b. Brooks: 1.5 ml Kg/% TBSA burn of RL + 0.5 ml kg % burn+2000 ml D5W
c. Shrine: 5000 ml m2 TBSA burn + 2000 ml m2 TBSA)
d. Evans: 8ml Kg/% TBSA burn of RL

46. Treatment of burns includes: (PGI June 2008)
a. No bandage to head and neck
b. Immediate application of ice cold water
c. Superficial burns without blister-no need of dressing
d. Escharotomy done for peripheral circumscribed lesions

Ref: Sabiston 19/e p529-530; Schwartz 19/e p200-204; Bailey 26/e p387, 25/e p380

47. The ideal temperature of water to cool the burnt surface is: (UPSC 2002)
a. 15ºC
b. 10ºC
c. 8ºC
d. 6ºC

Ans.				
	32. a. Hyperthermia.	**33.** a, b, c, d, e.	**34.** c. Exposed area...	**35.** c. ↑ secretion of HCl
	36. b. 3-5 days	**37.** a. Septic..., b. Due...	**38.** c., d., e..	**39.** d. Anxiety.
	40. a. 5% burns in child...	**41.** a. Hyperglycemia...	**42.** a. Percentage...	**43.** a. Total % body surface...
	44. d. (% body surface....	**45.** c and d..	**46.** a., c., d.	**47.** a. 15°C

48. What should be the ideal temperature of the cool water to be applied over burns: (MHPGMCET 2006)
a. Ice cold
b. 3-4°C
c. 8-10°C
d. 14-15°C

49. Safest strategy of treatment for a patient of inhalational burn injury who has presented within 4-5 hours:
a. Binasal catheter O2 inhalation (MHPGMCET 2007)
b. O2 therapy with well-fitting face mask
c. Elective cricothyroidotomy
d. Elective endotracheal intubation

Ref: Bailey 26/e p388, 25/e p381

50. In burns management, which of the following is the fluid of choice: (DNB 2012, 2005, MCI March 2010, Sept 2010)
a. Dextrose 5%
b. Normal saline
c. Ringer lactate
d. Isolyte-M

51. A 50kg female has second degree deep burn involving 45% total body surface area (TBSA). Regarding her management which of the following statements is/are true:
a. Give rapid normal saline infusion (PGI Dec 2008)
b. Half of the calculated fluid should be given in initial 8 hours
c. 9 liters of Ringer's lactate should be given in first 24 hours
d. Urine output should be maintained at 25-30 ml/hour
e. CVP line should be inserted

52. All of the following are true regarding fluid resuscitation in burn patients except: (MCI March 2008)
a. Consider intravenous resuscitation in children with burns greater than 15% TBSA
b. Oral fluids must contain salts
c. Most preferred fluid is Ringer's lactate
d. Half of the calculated volume of fluid should be given in first 8 hours

53. What is the most important aspect of management of burn injury in the first 24 hours: (UPSC 2007)
a. Fluid resuscitation
b. Dressing
c. Escharotomy
d. Antibiotics

54. In excessive burns, least useful is: (AIIMS June 2004)
a. Blood
b. Dextran
c. Ringer lactate
d. Nasogastric intubation

Ref: Sabiston 19/e p529-531; Schwartz 19/e p200-201; Bailey 26/e p392, 25/e p384

55. True statement about burn resuscitation: (PGI Dec 2003)
a. Colloid preferred in initial 24 hours
b. Colloid preferred if burnt area is >15% of total BSA
c. Half of the calculated fluid given in initial 8 hours
d. Urine output should be maintained at 50-60 mL/hour
e. Diuretics should be given to all patients of electric burn

56. Which of the following is true about burns: (PGI Dec 2005)
a. 3rd generation cephalosporin is drug of choice
b. S. aureus is most common infection of burn
c. Toxic shock syndrome is most common in burns patients
d. Pseudomonas is most common infection in dry wound
e. Moist dressing is done

Ref: Sabiston 19/e p533-534; Schwartz 19/e p202; Bailey 26/e p392-393, 25/e p384-386

57. Which of the following is true about burn management:
a. Intravenous access fluid is done and antibiotics is not given in children (PGI Dec 2005)
b. Escharotomy should be done for peripheral circumscribed lesion
c. Moist dressing is done
d. Parkland formula is used with 8ml/kg body weight
e. Prognosis depend on the time of resuscitation of the patient

58. Exposure treatment is done for burns of the: (JIPMER 2006)
a. Upper limb
b. Lower limbs
c. Thorax
d. Abdomen
e. Head and neck

59. Deep skin burns is treated with: (AIIMS 2009)
a. Split thickness graft
b. Full thickness graft
c. Amniotic membrane
d. Synthetic skin derivatives

60. The cold water treatment of burns has the disadvantage that it increase the chances of: (PGI 2002)
a. Pain
b. Exudation
c. Infection
d. None of the above

Ref: CSDT 11/e p272

61. The best guide to adequate tissue perfusion in the fluid management of a patient with burns, is to ensure a minimum hourly urine output of: (Karnataka 2004)
a. 10-30 ml
b. 30-50 ml
c. 50-70 ml
d. 70-100 ml

62. Burns in which part of body are nursed without occlusive dressing: (DPG 2005)
a. Hands
b. Legs
c. Head and Neck
d. Chest

Ans.
48. d. 14-15°C **49.** d. Elective... **50.** c. Ringer lactate... **51.** b, c and e.
52. a. Consider... **53.** a. Fluid resuscitation... **54.** a. Blood **55.** c and d.
56. d. Pseudomonas... **57.** b and e. **58.** e. Head and neck **59.** a. Split thickness graft...
60. c. Infection **61.** b. 30-50 ml **62.** c. Head and Neck

63. Which of the following is effected against Pseudomonas and is used in burns patients: (DNB 2009)
- a. Silver sulphadiazine
- b. Silver sulphazine
- c. Sulphamethoxazole
- d. Sulphadoxine

64. Domestic low-voltage electric supply can cause all the following except: (MHPGMCET 2007)
- a. Contact wound
- b. Cardiac arrest
- c. Cardiac fibrillation
- d. Deep subcutaneous tissue damage

Ref: Bailey 26/e p399, 25/e p391

65. Main danger with low tension (Domestic) electric AC current: (MHPGMCET 2009)
- a. Renal injury (ARF)
- b. Cardiac arrest
- c. Muscle necrosis
- d. Paralysis

66. Operation theatre fire is most commonly due to: (DNB 2010)
- a. Argon beam coagulators
- b. Lasers
- c. Fibre optic illumination
- d. Electrosurgical equipment

Ref: British Journal of Anesthesia, vol 50, Issue 7, p659-664

67. Myoglobinuria is seen in which type of burn: (DNB 2012)
- a. Flame burn
- b. Scald burn
- c. Electric burn
- d. Contact burn

Ans. **63.** a. Silver sulphadiazine **64.** d. Deep subcutaneous... **65.** b. Cardiac arrest **66.** d. Electrosurgical
67. c. Electric

B. PLASTIC SURGERY AND SKIN LESIONS

1. **In the Clarke's level of tumour invasion for malignant melanoma level 3 refers to:** (ComedK 2006)
   a. All tumour cells above basement membrane
   b. Invasion into reticular dermis
   c. Invasion into loose connective tissue of papillary dermis
   d. Tumors cell at junction of papillary and reticular dermis

Ref: Sabiston 19/e p742-760; Schwartz 9/e p414-417; Bailey 26/e p594-596, 25/e p612-616

2. **True about malignant melanoma:** (PGI June 2008)
   a. Lymphatic spread
   b. Lymph node biopsy is always done
   c. Biopsy to be done when sentinel node is involved
   d. Microsatellitism
3. **Common features of melanoma, which of the following is not the part of mnemonic ABCDE:** (MHSSMCET 2009)
   a. Elevation
   b. Asymmetric outline
   c. Variation in color
   d. Diameter <6mm
4. **In malignant melanoma, change seen is all except:**
   a. Ulceration
   b. Bleeding (DPG 2006)
   c. Satellite lesions
   d. Hair in mole
5. **Treatment of choice for melanoma is:** (DPG 2006)
   a. Chemotherapy
   b. Surgical excision
   c. Radiotherapy
   d. Surgery and Chemotherapy
6. **Most common origin of melanoma is from:**
   a. Junctional melanocytes (AIIMS Nov 2001)
   b. Epidermal cells
   c. Basal cells
   d. Follicular cells
7. **Most common type of malignant melanoma is:**
   a. Superficial spreading (AIIMS Nov 2001, UPPG 2009)
   b. Lentigo maligna melanoma
   c. Nodular
   d. Acral lentiginous
8. **Most common site of lentigo maligna melanoma is:**
   a. Face (DNB 2013, AIIMS Nov 2001)
   b. Legs
   c. Trunks
   d. Soles
9. **The most malignant form of malignant melanoma is:**
   a. Nodular (PGI June 2009)
   b. Hutchinson's melanotic freckle
   c. Acral lentiginous type
   d. Superficial spreading
10. **Prognosis of melanoma depends on:** (PGI June 2008)
    a. Stage
    b. Depth of melanoma of biopsy
    c. Duration of growth
    d. Site
11. **All of the following statements about malignant melanoma are true except:** (All India 2007)
    a. Prognosis is better in female than in male
    b. Acral lentiginous melanoma carries a good prognosis
    c. Stage IIa shows statelite deposits
    d. Most common type is superficial spreading melanoma
12. **Biopsy from a mole on the foot shows cytologic atypia of melancytes and diffuse epidermal infiltration by anaplastic cells, which are also present in the papillary and reticular dermis. The most likely diagnosis is:** (All India 2004)
    a. Melanoma, Clark level IV
    b. Congential melanocytic nevus
    c. Dysplastic nevus
    d. Melanoma, Clark level III
13. **A 35-years old premenopausal patient as recently developed a 1.5 cm sized pigmented lesion on her back. Which of the following forms of tissue diagnosis will you recommended for her:**
    a. Needle biopsy
    b. True-cut biopsy
    c. Excision biopsy
    d. Incisional biopsy
14. **Which of the following is true about melanoma:**
    a. Amelanotic melanoma is associated with worst prognosis
    b. Complete excisional biopsy is the management
    c. Thinner melanoma has good prognosis
    d. Back in MC site is females (PGI Dec 2005)
    e. Congenital giant nevus is associated with minimal risk of malignancy

Ref: Bailey 26/e p596, 25/e p615

15. **Melanoma should be excised with a margin of:** (UPSC 2008)
    a. 2 cm
    b. 5 cm
    c. 7 cm
    d. 10 cm
16. **Most severe form of malignant melanoma is:** (Kerala 2004)
    a. Superficially spreading
    b. Nodular infiltrating type
    c. Those arising in lower type
    d. Those in choroid

Ans.
1. d. Tumors cell....
2. a, b, c and d
3. d. Diameter <6mm.
4. d. Hair in mole
5. b. Surgical excision
6. a. Junctional...
7. a. Superficial...
8. a. Face
9. a. Nodular
10. a, b and d
11. b and c
12. a. Melanoma,...
13. c. Excision biopsy
14. a, b and c
15. a. 2 cm
16. b. Nodular infiltrating type

17. Melanoma staging is based on which classification:

a. Breslow
b. Clark's (DNB 2009)
c. Both
d. Bethesda

18. Worst prognosis in melanoma is seen in the subtype:

a. Superficial spreading (Kerala 2001)
b. Nodular melanoma
c. Lentigo maligna melanoma
d. Amelanotic melanoma

19. Least common site for spread of melanomas: (DNB 2012)

a. GIT
b. Lungs
c. Liver
d. Renal

20. Which one of the following is not included in the treatment of malignant melanoma: (UPSC 2005)

a. Radiation
b. Surgical excision
c. Chemotherapy
d. Immunotherapy

21. A 40-years old man presented with al flat 1cm 1cm scaly, itchy black mole on the front of thigh. Examination did not reveal any inguinal lymphadenopathy. The best course of management would be: (UPSC 2007)

a. FNAC of the lesion
b. Incision biopsy
c. Excisional biopsy
d. Wide excision with inguinal lymphadenectomy

22. Inguinal lymph node enlargement is seen in: (MPPG 2007)

a. Seminoma testis
b. Malignant melanoma foot
c. CA cervix
d. None

23. The most common malignancy found in Marjolin's ulcer is:

a. Basal cell carcinoma (DPG 2009 Feb)
b. Squamous cell carcinoma
c. Malignant fibrous histiocytoma
d. Neutrophic malignant melanoma

(Ref. Schwartz 9/e p224, 414; Bailey 26/e p548, 25/e p611, 935)

24. True about Marjolin's ulcer: (PGI June 2007)

a. The associated cancer is squamous cell carcinoma
b. May occur due to chronic venous insufficiency
c. Progress to basal cell carcinoma
d. Arise from base of the ulcer

25. A tumour arising in a burns scar is likely to be: (ComedK 2009, PGI June 2006)

a. Basal cell carcinoma
b. Squamous cell carcinoma
c. Malignant melanoma
d. Fibrosarcoma

26. Which of the following is true about Marjolin's ulcer:

a. Ulcer over scar (Orissa 2011)
b. Rapid growth
c. Rodent ulcer
d. Painful

27. True about Marjolin's ulcer: (PGI Dec 2003, June 2007)

a. Develops in long standing scar
b. Squamous cell carcinoma develops
c. Slow growing lesion
d. Also known as Baghdad sore
f. Common in Black races

28. 'Take in' of split skin graft occurs when: (PGI Dec 2008)

a. Tight dressing is applied
b. Excessive discharge from wound
c. β-hemolytic streptococcus infection is present
d. Wound bed not vascularised

Ref: Sabiston 19/e p1916-1917; Schwartz 9/e p1651; Bailey 26/e p402-403, 25/e p395-396

29. Thiersch graft is which type of graft:

a. Partial thickness (MHPGMCET 2008, 2001, DPG 2005)
b. Full thickness
c. Pedicle
d. Patch

Ref: Sabiston 19/e p916-917; Schwartz 9/e p1651; Bailey 26/e p407-408, 25/e p395-396

30. Partial thickness graft is: (MHPGMCET 2008)

a. Wolffian graft
b. Thiersch graft
c. Pedicle graft
d. Patch graft

31. Which of the following statements about mesh skin grafts is not correct: (UPSC 2006)

a. They permit coverage of large areas
b. They allow egress of fluid collections under the graft
c. They contract to the same degree as a grafted sheet of skin
d. They "take" satisfactorily on a granulating bed

Ref: Sabiston 19/e p1917; Schwartz 9/e p1651; Bailey 26/e p404-405, 25/e p401

32. Split skin grafts in young children should be harvested from: (UPSC 2007)

a. Buttocks
b. Thigh
c. Trunk
d. Upper limb

Ans.	**17.** c. Both	**18.** d. Amelanotic melanoma	**19.** d. Renal	**20.** a. Radiation.
	21. c. Excisional biopsy.	**22.** b. Malignant melanoma foot	**23.** b. Squamous cell...	**24.** a and b.
	25. b. Squamous cell...	**26.** a. Ulcer over scar	**27.** a, b and c	**28.** None
	29. a. Partial thickness	**30.** b. Thiersch graft	**31.** c. They contract...	**32.** b. Thigh

33. Which of the following is not a wound closure technique: (UPSC 2008)
a. Partial thickness skin graft
b. Composite graft
c. Vascular graft
d. Musculocutaneous graft

34. Who said: "Skin is the best dressing": (Karnataka 2004)
a. Joseph Lister
b. John Hunter
c. James Paget
d. Mc Neill Love

35. Within 48 hours of transplantation, skin graft survives due to: (AIIMS Nov 2000, AIIMS Nov 99)
a. Amount of saline in graft
b. Plasma imbibition
c. New vessels growing from the donor tissue
d. Connection between donor and recipient capillaries

36. Ideal graft for leg injury with 10 10 cm exposed bone: (AIIMS Nov 2008)
a. Amniotic membrane graft
b. Pedicle graft
c. Full thickness graft
d. Split thickness skin graft

Ref. Sabiston 19/e p1917; Schwartz 9/e p1651; Bailey 25/e p397-399

37. Which of the following graft is known as Wolf's graft: (AIIMS Nov 2009)
a. Split thickness graft
b. Full thickness graft
c. Partial thickness graft
d. Myocutaneous graft

38 Skin grafting is absolutely contraindicated in which skin infection: (AIIMS June 2003)
a. Staphylococcus
b. Pseudomonas
c. Streptococcus
d. Proteus

39. What does "Take in" means in case of skin grafting: (AIIMS June 2007)
a. Revascularization of the graft
b. Return of the sensation
c. When the graft becomes adherent to recipient site
d. Non adherent graft is shed off

40. All can take split thickness graft except: (MCI March 2005)
a. Fat
b. Muscle
c. Skull bone
d. Deep fascia

41. All are true about skin grafting, except: (All India 2000)
a. Partial thickness graft involves epidermis and part of dermis
b. Full thickness graft includes epidermis, dermis, without subcutaneous tissue
c. For large areas, full thickness graft is used
d. Full thickness graft has cosmetic value

42. Split skin graft can be applied over: (PGI June 2006)
a. Muscle
b. Bone
c. Cartilage
d. Eyelid

Ref: CSDT 12/e p1211

43. Skin graft for facial wounds is taken from: (AIIMS 2006)
a. Medial aspect of thigh
b. Cubital fossa
c. Groin
d. Post auricular region

Ref: CSDT 12/e p1211

44. Full thickness skin graft can be taken from the following sites except: (AIIMS 2007)
a. Elbow
b. Back to neck
c. Supraclavicular area
d. Upper eyelids

45. Skin graph stored at 4 C can survive up to: (DNB 2009)
a. 1 week
b. 2 weeks
c. 3 weeks
d. 4 weeks

Ref: Facial Plastic and Reconstructive Surgery by Ira D. Papel/44

46. The best skin graft for open wounds is: (All India 93)
a. Isograft
b. Homograft
c. Allograft
d. Autograft

47. Bowen's disease is: (DPG 2005)
a. Mimics chronic dermatosis
b. Premalignant condition
c. Presents with pruritus
d. All of the above

Ref: Sabiston 19/e p762; Schwartz 9/e p413; Bailey 26/e p589, 25/e p607

48. Premalignant conditions of the skin include: (JIPMER 2007)
a. Bowen disease
b. Paget's disease of nipple
c. Leukoplakia
d. Presence of malignancy
e. All of the above

Ans.
33. c. Vascular graft **34.** a. Joseph Lister... **35.** b. Plasma imbibition **36.** b. Pedicle graft
37. b. Full thickness graft **38.** c. Streptococcus. **39.** a. Revascularization... **40.** c. Skull bone
41. c. For large areas... **42.** a. Muscle. **43.** d. Post auricular... **44.** b. Back to neck
45. b. 2 weeks **46.** d. Autograft **47.** d. All of the above **48.** e. All of the above

49. All the following are premalignant conditions except: (MHSSMCET 2008)
a. Actinic Keratosis
b. Steatoma multiplex
c. Erythroplakia of Queyrat
d. Keratosis of lip
Ref: Sabiston 19/e p761-763; Schwartz 9/e p413; Bailey 26/e p588-589, 25/e p607-609

50. The commonest clinical pattern of basal cell carcinoma is: (ComedK 2008, MCI March 2005)
a. Nodular
b. Morpheaform
c. Superficial
d. Keratotic
Ref: Sabiston 19/e p761-764; Schwartz 9/e p413; Bailey 26/e p591-592, 25/e p609-610

51. Most common site of basal cell carcinoma is: (MHPGMCET 2001)
a. Face
b. Trunk
c. Neck
d. Extremities

52. A 48-years old sports photographer has noticed a small nodule over the upper lip from four months. The nodule is pearly white with central necrosis, telangiectasia. The most likely diagnosis would be:
a. Basal cell carcinoma
b. Squamous cell carcinoma
c. Atypical melanoma
d. Kaposi sarcoma

53. Which of the following cutaneous malignancies do not metastasize through the lymphatics: (All India 2003)
a. Squamous cell carcinoma
b. Basal cell carcinoma
c. Melanoma
d. Kaposi's sarcoma

54. Diagnostic procedure for basal cell carcinoma:
a. Wedge biopsy (PGI June 98)
b. Shave
c. Incisional biopsy
d. Punch biopsy

55. All of the following are true about basal cell carcinoma except: (DNB 2009)
a. Most common site is upper eyelid
b. Locally invasive
c. Rarely metastasizes
d. Associated with exposure to sun

56. In pigmented basal cell carcinoma, treatment of choice is:
a. Chemotherapy
b. Radiotherapy (PGI 2008)
c. Cryosurgery
d. Excision

57. Moh's micrographic excision for basal cell carcinoma is used for all of the following except: (Karnataka 2006)
a. Recurrent Tumour
b. Tumor less than 2 cm in diameter
c. Tumors with aggressive histology
d. Tumors with perineural invasion
Ref. Sabiston 19/e p763-764; Schwartz 9/e p414; Bailey 26/e p592, 25/e p610

58. Basal cell carcinoma spreads by: (MAHE 2007)
a. Lymphatics
b. Hematogenous
c. Direct spread
d. None of the above

59. About basal cell carcinoma, false is: (DPG 2006)
a. Spreads to local lymph nodes
b. Seen on face
c. Seen on exposure of sunlight to skin
d. Responds well to radiation

60. Characteristic feature of basal cell carcinoma is: (AIIMS May 2012)
a. Keratin pearls
b. Foam cells
c. Nuclear palisading
d. Psammoma bodies

61. Squamous cell carcinoma can arise from: (PGI 2007)
a. Long standing venous ulcers
b. Chronic lupus vulgaris
c. Rodent ulcer
d. All of the above
Ref. Sabiston 19/e p761-764; Schwartz 9/e p413-414; Bailey 26/e p593-594, 25/e p610-612

62. Margins of squamous cell carcinoma is:
a. Inverted (DPG 2006)
b. Everted
c. Rolled
d. Undermined

63. Buschke-Lowenstein tumor is: (TN 2003)
a. Molluscum contagiosum
b. Condyloma lata
c. Giant condyloma accuminata
d. Metastasis
Ref. Bailey 26/e p1375, 25/e p1375

64. Cause of persistence of a sinus or fistulae includes:
a. Foreign body (JIPMER 2006)
b. Non dependent drainage
c. Unrelieved obstruction
d. Presence of malignancy
e. All of the above

Ans.	**49.** b. Steatoma multiplex	**50.** a. Nodular	**51.** a. Face	**52.** a. Basal cell carcinoma
	53. b. Basal cell carcinoma	**54.** a. Wedge biopsy	**55.** a. Most common	**56.** d. Excision
	57. b. Tumor less than...	**58.** c. Direct spread	**59.** a. Spreads to local...	**60.** c. Nuclear Palisading
	61. a and b	**62.** b. Everted	**63.** c. Giant condyloma	**64.** e. All of the above

65. The best dressing is: (PGI 88)
a. Opsitie
b. Amnion
c. Tulle grass
d. Skin

66. Hydrocele is a type of ……cyst: (PGI 2003)
a. Retention
b. Distension
c. Exudation
d. Traumatic

67. Calcifying epithelioma is seen in: (JIPMER 2004)
a. Dermatofibroma
b. Adenoma sebaceum
c. Pyogenic granuloma
d. Pilomatrixoma

68. Boil can occur at all sites except: (TN 2005)
a. Pinna
b. Skin
c. Scalp
d. Palm

69. Frost bite is treated by: (AMC 2000)
a. Rapid rewarming
b. Slow rewarming
c. IV pentoxyphyllin
d. Amputation

Ref: Bailey 25/e p393; http://en.wikipedia.org/wiki/frostbite

70. Treatment for pyoderma gangrenosum is: (Jharkhand 2003)
a. Steroids
b. I.V. antibiotics
c. Surgery + antibiotics
d. Surgery alone

Ref: Bailey 25/e p598; http://en.wikipedia.org/wiki/Pyoderma_gangrenosum

71. Which of the following materials for implants will evoke least inflammatory tissue response:
a. Polypropylene
b. Bovine collagen
c. Polyaglactin
d. Cotton

72. Cylindroma is (DPG 2007)
a. Appendage tumor
b. Acinic cell carcinoma
c. Pleomorphic adenoma
d. Warthin's tumour

73. Pyogenic granuloma, true statements is/are: (PGI June 2007)
a. Vascular pathology
b. Bleeds rarely
c. Increased in pregnancy
d. Local excision
e. Recurrent and malignant

Ref: Bailey 25/e p618; Roxburgh 17/e p197

74. Lines of Blaschko represent: (All India 2011)
a. Lines along lymphatics
b. Lines along blood vessels
c. Lines along nerves
d. Lines of development

Ref: Neurocutaneous Disorders by Ruggieri (2008)/364

75. Bedsore is an example of: (All India 2009)
a. Tropical ulcer
b. Trophic ulcer
c. Venous ulcer
d. Post thrombotic ulcer

76. Ainhum is seen in: (All India 2008)
a. Base of great toe
b. Base of fingers tips
c. Base of toe
d. Ankle

Ref. Bailey 25/e p914)

77. In hand injury, first structure to be repaired should be: (All India 2004)
a. Skin
b. Nerve
c. Muscle
d. Bone

Ref: Master Techniques in Orthopedic Surgery Series by Moran and Cooney (2008)/487

78. Trophic ulcers are caused by: (PGI June 2002)
a. Leprosy
b. Buerger's disease
c. Syringomyelia
d. DVT
e. Varicose veins

Ref: Sabiston 19/e p1943-1945; Bailey 26/e p80, 25/e p537

79. Which of the following is true: (PGI Dec 2005)
a. Viral warts spontaneously resolve
b. Plantar warts should not be excised
c. Callosity are formed occupationally
d. Corns are viral in etiology

Ref: Sabiston 19/e p1402; Schwartz 9/e p410; Bailey 25/e p1266

80. Ulcer with undermined edges is seen in: (MHPGMET 2005)
a. Malignant ulcer
b. Tubercular ulcer
c. Venous ulcer
d. Trophic ulcer

Ans.				
	65. d. Skin	**66.** c. Exudation	**67.** d. Pilomatrixoma	**68.** d. Palm
	69. b. Slow rewarming	**70.** a. Steroids	**71.** a. Polypropylene	**72.** a. Appendage tumor
	73. a., c., d.	**74.** d. Lines of development	**75.** b. Trophic ulcer	**76.** c. Base of toe
	77. d. Bone	**78.** a and c	**79.** a and c	**80.** b. Tubercular ulcer

81. Which of the following is not a true cyst: (MHPGMCET 2006)
a. Sebaceous cyst
b. Dermoid cyst
c. Bone cyst
d. Apoplectic cyst

82. Pilomatrixoma is: (MHPGMCET 2006)
a. A fleshy skin mass
b. A type of skin tag
c. A benign epithelial tumor
d. A malignant skin neoplasm

83. Sinus is lined by: (MHPGMCET 2007)
a. Simple squamous epithelium
b. Columnar epithelium
c. Granulation tissue
d. Fibrous tissue

Ref: Bailey 26/e p580, 25/e p595-596

84. A swelling which is variable in consistency with diffuse margins is likely to be: (MHSSMCET 2005)
a. Inflammatory
b. Benign
c. Malignant
d. Non-specific

85. Zadek's procedure is: (MHSSMCET 2005)
a. Resection of part of nail with nail bed
b. Resection of complete nail with part of nail bed
c. Injection phenol at base of toe nail
d. Wide excision of nail

Ref: Orthopedics and Fractures by T. Duckworth, C. M. Blundell (2010)/215

86. Which of the following is a compressible swelling: (DNB 2013, 2010)
a. Lipoma
b. Hernia
c. Hemangioma
d. Sebaceous cyst

87. Which of the following flap is used for eye lid surgery: (MHSSMCET 2010)
a. Bilope flap
b. Rhomboid flap
c. Bipedicle flap
d. Transposition flap

Ref: Bailey 26/e p408, 25/e p403

88. Radiotherapy is the treatment of choice of which one of the following tumors: (UPSC 2008)
a. Verrucous carcinoma
b. Malignant melanoma
c. Marjolin's ulcer
d. Rodent ulcer

Ref: http://emedicine.medscape.com/article/276624-treatment#aw2aab6b6b4

89. Calcifying epithelioma is also known as: (AIIMS 2007)
a. Pilomatrixoma
b. Myoblastoma
c. Calcinosis cutis
d. Dermatofibroma lenticulare

90. Hidradenitis suppurativa is found to occur in: (JIPMER 2005, AIIMS 2004)
a. Axilla
b. Circumanal
c. Scalp
d. Groin

Ref: Sabiston 19/e p1398-1399; Schwartz 9/e p409-410; Bailey 26/e p582, 25/e p597-598

91. Sebaceous cyst does not occur in the: (PGI 2007)
a. Scalp
b. Scrotum
c. Back
d. Sole

Ref: Schwartz 9/e p411; Bailey 25/e p1390, 25/e p602, 647

92. True about epidermoid cyst: (PGI Dec 2005)
a. Punctum is present
b. Keratin is present
c. Sebaceous material present
d. Autosomal inheritance
e. May turn malignant

93. Sebaceous cyst is: (DNB 2004)
a. Distention cyst
b. Retention cyst
c. Implantation dermoid
d. Mucus cyst

94. Cocks peculiar tumor is: (UPPG 2010)
a. Secondary to infected sebaceous cyst
b. Secondary to osteomyelitis of skull bones
c. Secondaries in skull bones from carcinoma thyroid
d. Epithelioma of scalp
e. Cellulitis of the sub mandibular region

Ref: Bailey 26/e p588, 25/e p605-607

95. Cock's peculiar tumor is: (DNB 2009, MCI Sept 2007)
a. Infected sebaceous cyst
b. Osteomyelitis of skull
c. Cyst in the skull
d. Tumour of the skull

96. Which of the following is a regressing tumor: (DPG 2011)
a. Portwine stain
b. Strawberry angioma
c. Venous angioma
d. Plexiform angioma

Ref: Schwartz 9/e p411-412; Bailey 25/e p616-618

Ans.				
	81. d. Apoplectic cyst	**82.** c. A benign epith...	**83.** c. Granulation tissue	**84.** c. Malignant
	85. b. Resection	**86.** c. Hemangioma	**87.** c. Bipedicle flap	**88.** d. Rodent ulcer
	89. a. Pilomatrixoma	**90.** a, b and d	**91.** d. Sole	**92.** a, b and e
	93. b. Retention cyst	**94.** a. Secondary	**95.** a. Infected...	**96.** b. Strawberry angioma...

97. True about congenital hemangioma: (PGI June 2007, Dec 2007)
a. Congenital variety stops growing after birth
b. Fully mature at birth
c. NICH variety persists
d. RICH variety involutes
e. Calcification can occur

Ref: Schwartz 9/e p411-412; Bailey 26/e p598-599, 25/e p616-618

98. Treatment for strawberry angioma: (MHSSMCET 2006)
a. Steroids
b. Local excision
c. Masterly inactivity
d. Antibiotic coverage

99. The best results in treatment of capillary nevus have been achieved by: (AIIMS 2004)
a. Full thickness skin graft
b. Dermabrasion
c. Tatooing
d. Argon laser treatment

100. Spontaneous regression is seen in all except: (AI 2003)
a. Salmon patch
b. Small cavernous hemangioma
c. Portwine stain
d. Strawberry angioma

101. Salmon patch usually disappears by age: (PGI 2004)
a. One month
b. One year
c. Puberty
d. None of the above

102. Eleven months old child presents with erythematous lesion with central clearing which has been decreasing in size: (All India 2007)
a. Strawberry angioma
b. Nevus
c. Portwine stain
d. Cavernous hemangioma

103. Regarding hemangiomas following are true:
a. Salmon patch disappears after the age of one
b. Port wine stain present throughout life
c. Salmon patch-on forehead midline and over occiput
d. All are correct

104. The best cosmetic results for large capillary (port wine) hemangiomas are achieved by: (UPSC 2005)
a. Excision and split-thickness skin
b. Laser ablation
c. Chemotherapy
s. Immunotherapy

105. Best method to treat a large port-wine hemangiomas: (DNB 2010)
a. Radiotherapy
b. Tatooing
c. Excision with skjn grafting
d. Pulsed eye laser

Ref: (Roxburgh 17/e p194, 205

106. Which is not true about Sturge Weber syndrome: (AIIMS Sept 2006)
a. Portwine stain
b. Calcification in brain
c. Cortical atrophy
d. Intracranial hamartoma

Ref: Bailey 26/e p599, 25/e p618

107. Which of these does not change or remains same throughout life: (AIIMS Nov 2001)
a. Salmon patch
b. Strawberry angiomas
c. Portwine stain
d. Capillary hemangiomas

108. Keratocanthoma is: (AIIMS 2008)
a. A type of basal cell carcinoma
b. Infected sebaceous cyst
c. Self healing nodular lesion with central ulceration
d. Pre-malignant disease

Ref: Bailey 26/e p590, 25/e p607

Ans.
97. a, b, c, d and e
98. c. Masterly inactivity.
99. d. Argon laser...
100. c. Portwine stain...
101. b. One year
102. a. Strawberry ang...
103. d. All are correct.
104. b. Laser ablation
105. d. Pulsed eye laser
106. d. Intracranial
107. c. Portwine stain
108. c. Self healing nodular...

109. True about keratocanthoma: (PGI 2000)
a. Benign tumor
b. Malignant skin tumor like squamous cell carcinoma
c. Treatment same as for squamous cell carcinoma
d. Easy to differentiate from squamous cell carcinoma histologically
e. Treatment is masterly inactivity

110. The term universal tumor refers to: (PGI 2003)
a. Adenoma
b. Papilloma
c. Fibroma
d. Lipoma

Ref: Sabiston 19/e p1258; Schwartz 9/e p413; Bailey 26/e p536, 985, 25/e p503, 1007

111. Dercum's disease is commonest in the: (JIPMER 81, DPG 2004)
a. Face
b. Arm
c. Back
d. Thigh

112. Lipoma becomes malignant commonly at which site: (JIPMER 2007)
a. Subcutaneous
b. Retro-pertioneal
c. Sub-aponeurotic
d. Intermuscular

Ref: Sabiston 19/e p1258; Schwartz 9/e p413; Bailey 26/e p985, 25/e p1007

113. Dercum's disease is characterized by: (DNB 2008)
a. Lipodermatosclerosis
b. Tender subcutaneous lipoma
c. Morbid obesity
d. None

114. Myxomatous degeneration is lipoma is seen in those occurring in: (MHSSMCET 2006)
a. Breast
b. Pancreas
c. Intramuscular
d. Retroperitoneum

115. True statement for axial flap is: (All India 2007)
a. Carries its own vessels within it
b. Kept in limb
2c. Transverse flap
d. Carries its own nerve in it

Ref. Sabiston 19/e p1917-1919; Schwartz 9/e p1651-1654; Bailey 26/e p404-405, 25/e p397-398

116. Best procedure to be done after an injury to leg associated with exposure of underlying bone and skin loss: (AIIMS Nov 2008)
a. Pedicle flap
b. Split skin grafting
c. Full thickness grafting
d. Skin flap

117. Abbe-Estlander flap is used for: (All India 2008)
a. Lip
b. Tongue
c. Eyelid
d. Ears

118. Skin flap is used in all except: (AIIMS 2009)
a. Bone
b. Tendon
c. Burn wound
d. Cartilage

119. The subdermal plexus forms the vascular basis for: (JIPMER 2002)
a. Randomised flaps
b. Axial flaps
c. Mucocutaneous flaps
d. Fasciocutaneous flaps

120. Myocutaneous flap includes which tissues: (DPG 2007)
a. Muscle only
b. Muscle and vascular pedicle
c. Muscle and skin
d. Skin, muscle and vascular pedicle

Ans. **109.** a and e **110.** d. Lipoma **111.** c. Back. **112.** b. Retro-pertioneal
113. b. Tender sub... **114.** d. Retroperitoneum **115.** a. Carries its... **116.** a. Pedicle flap
117. a. Lip. **118.** c. Burn wound **119.** a. Randomised flaps. **120.** d. Skin, muscle

C. WOUND HEALING TISSUE REPAIR AND SCAR

1. True statements regarding hypertrophic scar:
a. Grow beyond wound margin (PGI Dec 2008)
b. More common in female
c. Not familial
d. Rarely subsides
e. Not race related
Ref: Sabiston 19/e p164-165; Schwartz 9/e p225-227; Bailey 26/e p30, 25/e p30-31; Robbins 8/e p106-107

2. Most common site of hypertrophic keloid is:
a. Face (AIIMS Nov 2003)
b. Leg
c. Presternal area

3. First line treatment for keloid is: (AIIMS Dec 2004)
a. Intralesional injection of keloid
b. Local steroid
c. Radiotherapy
d. Wide excision
Ref: Bailey 26/e p30, 25/e p30

4. Drug used for intralesional injection of keloid is:
a. Prednisolone (AIIMS June 2005)
b. Triamcinolone
c. Androgen
d. Hydrocortisone

5. Keloid scar is made up:
a. Dense collagen
b. Loose fibrous tissue
c. Granulamatous tissue
d. Loose areolar tissue

6. What is true about keloids: (JIPMER 2005)
a. It appears immediately after surgery
b. It appears a few days after surgery
c. It is limited in its distribution
d. It is common in old people

7. Keloid is best treated: (UPSC 2001)
a. Intralesional injection of trimacinolone
b. Wide excision and grafting
c. Wide excision and suturing
d. Deep X-ray therapy

8. The following statement about keloid is true:
a. They do not extend into normal skin
b. Local recurrence is common after excision
c. They often undergo malignant change
d. They are more common in whites than in blacks

9. The worst position for scars is: (PGI 2008)
a. Back
b. Shoulder
c. Sternum
d. Abdomen

10. Keloid fornation is not seen over: (DNB 2004, 2001)
a. Ear
b. Face
c. Eyelid
d. Neck

11. Wound healing is affected by: (PGI Dec 2007)
a. Age
b. Nutrition
c. Dryness or wetness of wound
d. Drugs
e. Temperature
Ref: Sabiston 19/e p151-164; Schwartz 9/e p219; Bailey 26/e p24, 25/e p24; Robbins 8/e p106

12. Prevention of wound infection is done by: (PGI June 2005)
a. Pre-op shaving
b. Pre-op antibiotic therapy
c. Monofilament suture
d. Wound apposition
Ref: Sabiston 19/e p151-164; Schwartz 9/e p219; Bailey 26/e p24, 25/e p24; Robbins 8/e p106

13. True about wound healing: (PGI June 2009)
a. Infected wound heal by primary intention
b. Deep dermal wound heal by scar formation
c. Wound contraction is found in healing by secondary intention
d. More intense inflammatory response in primary intention
Ref: Sabiston 19/e p151-164; Schwartz 9/e p210-214; Bailey 26/e p24-25, 25/e p24-25; Robbins 8/e p102-106

14. True about chronic wound: (PGI Nov 2009)
a. Found in DM
b. Always require surgical treatment
c. May associated with vascular compromise
d. Monofilament sutures prevent infection
e. Any wound that does not heal within 3 month
Ref: Bailey 26/e p28, 25/e p28

15. Cell not involved in healing of clean wound:
a. Macrophages (PGI Nov 2011)
b. Platelet
c. Fibroblasts
d. Polymorphonuclear leukocytes
e. Myofibroblasts
Ref: Sabiston 19/e p151-164; Schwartz 9/e p210-214; Bailey 26/e p24-25, 25/e p24-25; Robbins 8/e p102-106

16. Management of an open wound seen 12 hours after the injury: (DPG 2011)
a. Suturing
b. Debridement and suture
c. Secondary suturing
d. Heal by granulation
Ref: Sabiston 19/e p245; Schwartz 9/e p219; Bailey 25/e p25-27; Robbins 8/e p102

Ans.	**1.** c. Not familial, e. Not...	**2.** c. Presternal area	**3.** a. Intralesional...	**4.** b. Triamcinolone
	5. a. Dense collagen	**6.** b. It appears....	**7.** a. Intralesional....	**8.** b. Local recurrence...
	9. c. Sternum	**10.** c. Eyelids	**11.** a, b, d and e	**12.** b, c and d
	13. b and c	**14.** a, c, d and e	**15.** b and e	**16.** b. Debridement...

17. The vitamin which has inhibitory effect on wound healing is: (MAHE 2005)

a. Vitamin A
b. Vitamin E
c. Vitamin C
d. Vitamin B-complex

18. In a sutured surgical wound, the process of epithelialization is completed within: (UPSC 2007)

a. 24 hours
b. 48 hours
c. 72 hours
d. 96 hours

19. Factors that may adversely affect the healing of wounds include all the following except:

a. Exposure to UV light
b. Exposure to radiation
c. Obstructive jaundice
d. Advanced neoplasia

20. Primary closure of incised wounds must be done within:

a. 2 hours (Kerala 2003)
b. 4 hours
c. 6 hours
d. 12 hours
e. 16 hours

Ref: Sabiston 19/e p245; Schwartz 9/e p219; Bailey 26/e p25-27, 25/e p25-27; Robbins 8/e p102-104

21. The tensile strength of wound reaches that of normal tissue by: (PGI 2008)

a. 6 weeks
b. 2 months
c. 4 months
d. 6 months

Ref: Sabiston 19/e p163-164; Schwartz 9/e p214; Bailey 25/e p24; Robbins 8/e p105-106

22. Following are required for wound healing except:

a. Zinc (All India 2003)
b. Copper
c. Vitamin C
d. Calcium

23. Patient has lacerated untidy wound of the leg and attended the casualty after 2 hours. His wound should be:

a. Sutured immediately (AIIMS 2004)
b. Debrided and sutured immediately
c. Debrided and sutured secondarily
d. Cleaned and dressed

24. When is the maximum collagen content of wound tissue:

a. Between 3rd to 5th day (PGI 2007)
b. Between 6th to 17th day
c. Between 17th to 21st day
d. None of the above

25. A patient with grossly contaminated wound presents 12 hours after an accident, his wound should be managed by:

a. Thorough cleaning and primary repair (UPSC 2003)
b. Thorough cleaning with debridement of all dead and devitalized tissue without primary closure
c. Primary closure over a drain
d. Covering the defect with split skin graft after cleaning

26. Delayed wound healing is seen in all except: (APPG 2006)

a. Malignancy
b. Hypertension
c. Diabetes
d. Infection

27. In the healing of clean wound the maximum immediate strength of the wound is reached by:

a. 2-3 days
b. 4-7 days
c. 10-12 days
d. 13-18 days

28. A clean incised wound heals by: (DPG 2002)

a. Primary intention
b. Secondary intention
c. Excessive scaring
d. None of the above

29. Which one of the following surgical procedures is considered to a have a clean-contaminated wound:

a. Elective open cholecystectomy for cholelithiasis
b. Herniorrhaphy with mesh repair
c. Lumpectomy with axillary node dissection
d. Appendectomy with walled off abscess

30. Fibroblasts in healing wound are derived from:

a. Local mesechyme (UPSC 2008, PGI 2008)
b. Epithelium
c. Endothelium
d. Vascular fibrosis

31. The best scars are seen in: (PGI 2007)

a. Infants
b. Children
c. Adults
d. Very old people

32. If suture marks are to be avoided, skin sutures should be removed by: (JIPMER 2006)

a. 72 hours
b. 1 week
c. 2 weeks
d. 3 weeks

33. Degloving injury is: (Kerala 2000)

a. Surgeon made wound
b. Lacerated wound
c. Blunt injury
d. Avulsion injury
e. Abrasive wound

34. In treatment of hand injuries, the greatest priority is:

a. Repair of tendons (All India 2006)
b. Restoration of skin cover
c. Repair of nerves
d. Repair of blood vessels

Ans. **17.** b. Vitamin-E **18.** b. 48 hours **19.** a. Exposure to UV light.... **20.** c. 6 hours
21. None **22.** None **23.** b. Debrided.... **24.** c. Between 17th - 21st day
25. b. Thorough cleaning... **26.** b. Hypertension **27.** d. 13-18 days **28.** a. Primary intention
29. a. Elective open **30.** a. Local mesenchyme **31.** d. Very old people **32.** b. 1 week
33. d. Avulsion injury **34.** d. Repair of blood vessels

35. During the surgical procedure: (AIIMS 2003)
- a. Tendons should be repaired before nerves
- b. Nerves should be repaired before tendons
- c. Tendons should not be repaired at the same time
- d. None is true

36. 'Lims salvage' primarily depends on: (AIIMS 2007)
- a. Vascular injury
- b. Skin cover
- c. Bone injury
- d. Nerve injury

37. In an open injury during toileting and debridement, muscle viability is detected by: (PGI June 2003)
- a. Colour of the muscle
- b. Muscle size
- c. Muscle function
- d. Muscle contractility
- e. Punctate bleeding spots on cut edge

Ans. **35.** a. Tendons should... **36.** a. Vascular injury **37.** a, d and e

7. NEURO SURGERY

A. Cerebrovascular Diseases
B. CNS Tumours

NEUROSURGERY (QUESTIONS)

A. CEREBROVASCULAR DISEASES

1. **Which of the following vessels is involved in extradural hematoma:** (MHPGMCET 2002)
   a. Middle meningeal artery
   b. Venous sinuses
   c. Bridging veins
   d. Middle cerebral artery
   Ref: Harrison 18/e p3379-3380; Sabiston 19/e p439-441; Schwartz 9/e p1525; Bailey 26/e p315-316, 25/e p303-304

2. **Lucid interval is classically seen in:**
   a. Intracerebral hematoma (DNB 2010, COMEDK 2007,
   b. Acute subdural hematoma PGI Dec 2003)
   c. Chronic subdural hematoma
   d. Extradural hematoma

3. **Middle meningeal vessel damage results in:**
   a. Subdural hemorrhage (COMEDK 2011)
   b. Subarachnoid hemorrhage
   c. Intracerebral hemorrhage
   d. Epidural haemorrhage

4. **Common site for extradural hemorrhage:** (DNB 2012)
   a. Frontal
   b. Temporo-parietal
   c. Occipital
   d. Brainstem

5. **A 15 days duration SDH is:** (MHSSMCET 2009)
   a. Hyperacute
   b. Acute
   c. Subacute
   d. Chronic *Ref: Bailey 24/e p598-599; Schwartz 9/e p1525-1526*

6. **For chronic SDH the duration should be more than:**
   a. 3 days (MHSSMCET 2010)
   b. 7 days
   c. 15 days
   d. 1 months

7. **Best treatment of subdural hematoma in a deteriorating patient:** (HPU 2005)
   a. By I/V Mannitol
   b. Oxygenation
   c. Use of steroids
   d. Surgical evacuation

8. **Chronic subdural hematoma refers to collection present for a period of:** (Karnataka 2006)
   a. 7 days
   b. 6 months
   c. 1 year
   d. 21 days
   Ref: Harrison 18/e p3379-3380; Sabiston 19/e p439-441; Schwartz 9/e p1525; Bailey 26/e p316, 25/e p305

9. **Extradural hematoma is associated with what % of severe trauma:** (PGI Dec 2007)
   a. 36%
   b. 10%
   c. 77%
   d. 96% *Ref: Harrison 18/e p3379*

10. **A person has been brought in casualty with history of road accident. He had lost consciousness transiently and gained consciousness but again became unconscious. Most likely, he is having brain hemorrhage of:** (AIIMS Nov 2005)
    a. Intracerebral
    b. Subarachnoid
    c. Subdural
    d. Extradural

11. **Management of extradural hemorrhage is:** (AIIMS 2001)
    a. Antibiotics
    b. Immediate evacuation
    c. Evacuation after 24 hours
    d. Observation

12. **Features of extradural hemorrhage include in all except:**
    a. Severe hypotension (APPG 2004)
    b. Deteriorating consciousness
    c. Fixed dilated pupil on the same side
    d. Fracture line crossing the temporal bone

13. **An elderly man who has had a trivial history of head injury three months ago, develops headache and turns unconscious. On examination, he is found to have fixed left dilated pupil and right hemiplegia. What is the most likely diagnosis:**
    a. Contusio-cerberi (UPSC 2003)
    b. Extradural hematoma
    c. Chronic subdural hematoma
    d. Brain abscess

14. **Most common cause of sub-dural hematoma:**
    a. Middle meningeal artery tear (SCTIMS 2002)
    b. Rupture of superior cerebral vein
    c. Internal carotid artery tear
    d. None of the above

15. **A patient presents with sudden headache and vomiting and unconsciousness. The diagnosis is:** (DPG 2009 Feb)
    a. Subarachnoid hemorrhage
    b. Intracerebral hemorrhage
    c. Subdural hemorrhage
    d. Extradural hemorrhage
    Ref: Harrison 18/e p2262-2263; Sabiston 19/e p1880-1882; Schwartz 9/e p1534-1536; Bailey 26/e p317, 25/e p30

16. **Lucid interval is seen in:** (DPG 2005)
    a. Subdural hemorrhage
    b. Extradural hemorrhage
    c. Parenchymal hemorrhage
    d. None of the above

Ans.	**1.** a. Middle meningeal…	**2.** d. Extradural hematoma	**3.** d. Epidural hemorrhage	**4.** b. Temporo-parietal
	5. c. Subacute	**6.** c. 15 days	**7.** d. Surgical evacuation	**8.** d. 21 days
	9. b. 10%	**10.** d. Extradural	**11.** b. Immediate evacuation	**12.** a. Severe hypotension
	13. c. Chronic subdural…	**14.** b. Rupture of superior…	**15.** a. Subarachnoid…	**16.** b. Extradural hemorrhage

17. A 20-years old male come to causality with head injury, examination reveals normal consciousness, clinically normal and blood in the tympanic membrane. Most likely cause is:
a. Extradural hemorrhage (UPPG 2008)
b. Subdural hemorrhage
c. Intraventricular hemorrhage
d. Complete basilar fracture

Ref: Bailey 26/e p314, 25/e p302; 24/e p595-599

18. Subdural hematoma most commonly results from:
a. Rupture of intracranial aneurysm (AIIMS May 2004)
b. Rupture of cerebral AVM
c. Injury to cortical bridging veins
d. Hemophilia

19. Which of the following will manifest as "pachymeningitis heamorrhagica interna": (MAHE 2006)
a. Epidural hematoma
b. Subdural hematoma
c. Subarachnoid hemorrhage
d. Brain infraction

Ref: www.ncbi.nlm.nih.gov/pubmed/11915757 by M Guénot - 2001

20. Immediate surgery is indicated in: (Kerala 2005)
a. Extradural hemorrhage
b. Subdural hemorrhage
c. Intracerebral hemorrhage
d. Brain laceration

21. A 62-years old diabetic female patient presented with history of progressive right-sided weakness of one month duration. The patient was also having speech difficulty. Fundus examination showed papilledema. Two months ago, she also had a fall in her bathroom and struck her head against a wall. The most likely clinical diagnosis is:
a. Alzheimer's disease (AIIMS Nov 2004)
b. Left parietal glioma
c. Left MCA territory stroke
d. Left chronic subdural hematoma

22. An elderly female presented with history of progressive right- sided weakness and speech difficulty. She gives a history of a fall in her bathroom two months back. The most likely clinical diagnosis is: (All India 2003)
a. Progressive supranuclear palsy
b. Left cerebral tumor
c. Left sided stroke
d. Left chronic subdural hematoma

23. The most common site of Berry aneurysm is: (All India 2004)
a. Junction of anterior communication artery with anterior cerebral artery
b. Junction of posterior communicating artery with internal carotid artery
c. Bifurcation of middle cerebral artery
d. Vertebral artery

Ref: Harrison 18/e p2262-2264; Sabiston 19/e p1879-1883; Schwartz 9/e p1534; Bailey 26/e p311, 25/e p635-637.

24. All are common sites of berry aneurysm, except:
a. Posterior cerebral artery (AIIMS June 2002)
b. Vertebral artery
c. Anterior cerebral artery
d. Middle cerebral artery

25. True about berry-aneurysm is following except:
a. Associated with familial syndrome (PGI June 2000)
b. Most common site of rupture is apex which causes SAH
c. Wall contains smooth muscle fibroblasts
d. 90% occurs at anterior part of circulation at branching point

Ref: Harrison 18/e p2262-2264

26. Most common presentation of intracranial aneurysm is:
a. Coarctation of aorta (PGI June 2004)
b. Systemic hypertension
c. Hypotension
d. Intracranial haemorrhage

27. Which is least common site of Berry aneurysm:
a. Basilar artery (AIIMS Dec 2007)
b. Vertebral artery
c. Anterior cerebral artery
d. Posterior cerebral artery

28. The most common site of Berry aneurysm is:
a. Junction of anterior communication artery with anterior cerebral artery
b. Junction of posterior communicating artery with internal carotid artery
c. Bifurcation of middle cerebral artery
d. Vertebral artery

29. The common cause of subarachnoid hemorrhage is:
a. Arterio-venous malformation (All India 2006)
b. Cavernous angioma
c. Aneurysm
d. Hippocampus

30. A female presented with severe headache of sudden onset. On CT scan a diagnosis of subarachnoid hemorrhage is made. The most common site of subarachnoid hemorrhage is: (AIIMS June 2001)
a. Middle meningeal artery
b. Berry aneurysm rupture
c. Basilar artery
d. Subdural venous sinuses

31. Which of the following grading methods is used to evaluate the prognosis/outcome after subarachnoid hemorrhage:
a. Glasgow coma scale (All India 2010)
b. Hess and Hunt scale
c. Glasgow - Blatchford bleeding score
d. Intracerebral hemorrhage score *Ref: Harrison 18/e p2262*

Ans.				
	17. d. Complete basilar…	**18.** c. Injury to cortical…	**19.** b. Subdural hematoma	**20.** a. Extradural hemorrhage
	21. d. Left chronic…	**22.** b. Left chronic…	**23.** a. Junction of anterior…	**24.** b. Vertebral artery.
	25. c. Wall contains…	**26.** d. Intracranial…	**27.** b. Vertebral artery	**28.** a. Junction of anterior…
	29. c. Aneurysm	**30.** b. Berry aneurysm…	**31.** b. Hess and Hunt scale	

32. A 45-years old hypertensive male presented with sudden onset most severe headache, vomiting and neck stiffness. On examination he didn't have any focal neurological deficit. His CT scan should blood in the Sylvain fissure. The probable diagnosis is: (AIIMS May 2003)
a. Meningitis
b. Ruptured aneurysm
c. Hypertensive bleed
d. Stroke

33. A 45-years old male patient presented in the casualty with two hours history of sudden onset of severe headache associated with nausea and vomiting, on clinical examination the patient had necks stiffness and right sided ptosis. Rest of the neurological examination was normal. What is the clinical diagnosis: (AIIMS Nov 2003)
a. Hypertensive brain hemorrhage
b. Migraine
c. Aneurysmal subarachnoid hemorrhage
d. Arteriovenous malformation

34. An adult hypertensive male presented with sudden onset severe headache and vomiting. On examination, their is marked neck rigidity and no neurological deficit was found. The symptoms are most likely due to:
a. Intracranial parenchymal hemorrhage
b. Ischemic stroke (AIIMS May 2013, AIIMS May 2012)
c. Meningitis
d. Subarachnoid haemorrhage

35. A young female presents with severe headache and neck stiffness of abrupt onset. She says, she has never had such severe headache before. She also complains of associated nausea and photophobia. Likely diagnosis is:
a. Subarachnoid hemorrhage (SAH) (AIIMS May 2009)
b. Migraine
c. Viral encephalitis
d. Hydrocephalus

36. Sudden excruciating headache is most characteristic of:
a. SAH (PGI Dec 2001)
b. Aneurysmal bleeding
c. Epilepsy
d. Intracerebral hemorrhage
e. Hysteria

37. A patient presented with thunder clap headache followed by unconsciousness and progressive III cranial nerve pasty. Which of the following is the most likely diagnosis:
a. Extradural hemorrhage (AIIMS Nov 2010)
b. Aneurysmal subarachnoid hemorrhage
c. Basilar migraine
d. Cluster headache

38. A 25-years old male had severe headache followed by unconsciousness. CSF tap revealed red blood cells. Most likely diagnosis is: (AIIMS Dec 2003)
a. Subdural hematoma
b. Embolism
c. Tumour
d. Ruptured aneurysm

39. All are predisposing causes of cerebral venous thrombosis except: (COMEDK 2005)
a. Hypotension
b. Oral contraceptives
c. Pregnancy
d. Aplastic anemia

40. The most common site of hypertensive intracranial hemorrhage is: (COMEDK 2010)
a. Putamen
b. Midbrain
c. Medulla
d. Cerebrum *Ref: Harrison 18/e p2262-2264*

41. Most common cause of cerebrovascular accident is:
a. Embolism (All India 2001)
b. Arterial thrombosis
c. Venous thrombosis
d. Hemorrhage *Ref: Harrison 18/e p3271, 3274*

42. Most common cause of stroke young women in India among OCP users: (PGI Dec 2002)
a. Cortical vein thrombosis
b. Moyamoya disease
c. Atherosclerosis
d. HT *Ref: Harrison 18/e p3278*

43. Most common cause of intracranial hemorrhage is:
a. Subarachnoid hemorrhage (AIIMS Nov 2003)
b. Intracerebral hemorrhage
c. Subdural hemorrhage
d. Extradural haemorrhage

44. The commonest cause of intracerebral bleed is:
a. Thrombocytopenia
b. Diabetes (All India 2005)
c. Hypertension
d. Berry aneurysm

45. Which of the following is the most common location of hypertensive hemorrhage:
a. Pons (All India 2003, AIIMS Nov 2002)
b. Thalamus
c. Putamen/external capsule
d. Subcotrical white matter

46. The most common location of hypertensive intracranial hemorrhage is: (AIIMS May 2007, All India 2006)
a. Subarachnoid
b. Basal ganglia
c. Cerebellum
d. Hippocampus

47. Commonest cause of subarachnoid hemorrhage is:
a. Rupture of circle of Willis aneurysm (All India 2003)
b. Rupture of vertebral artery aneurysm
c. Rupture of venecomitants of corpus striatum
d. Rupture of dural sinuses

Ans.				
	32. b. Ruptured ane…	**33.** c. Aneurysmal…	**34.** d. Subarachnoid…	**35.** a. Subarachnoid…
	36. a. SAH, b. Ane…	**37.** b. Aneurysmal…	**38.** d. Ruptured aneurysm	**39.** d. Aplastic anemia
	40. a. Putamen	**41.** a. Embolism	**42.** a. Cortical vein …	**43.** b. Intracerebral…
	44. c. Hypertension	**45.** c. Putamen/external…	**46.** b. Basal ganglia	**47.** a. Rupture of circle…

48. Which of the following is the most common cause of late neurological deterioration in case of cerebrovascular accident: (AIIMS Nov 2000)
a. Rebleeding
b. Vasospasm
c. Embolism
d. Hydrocephalus *Ref: Harrison 18/e p2263*

49. A patient known to have mitral stenosis and arterial fibrillation presents with acute onset of weakness in the left upper limb which recovered completely in two weeks .The most likely diagnosis is: (All India 2010)
a. Transient ischemic attack
b. Ischemic stroke
c. Hemorrhagic stroke
d. Vasculitis

50. 'Duret hemorrhages' are seen in: (AIIMS May 2008)
a. Brain
b. Kidney
c. Heart
d. Lung *Ref: Robbins 8/e p1283-1284*

51. In a head injury patient, mannitol should not be used for control of increase intracranial pressure when:
a. Serum osmolality >320 mOsmol/kg (COMEDK 2010)
b. Arterial PaCO2 <35 mm Hg
c. Arterial PaO2 >100 mm Hg
d. Arterial pH 7.4
Ref: Harrison 18/e p2257; Schwartz 9/e p1521; Bailey 26/e p318, 25/e p306; KDT 6/e p572

52. Cerebral edema is not caused by: (Punjab 2011)
a. Lead toxicity
b. Craniosynostosis
c. Corticosteroids administration
d. Vitamin A intoxication

53. Not a primary brain injury: (Punjab 2011)
a. Diffuse axonal injury
b. Contusion
c. Concussion
d. Intracerebral hematoma
Ref: Bailey 26/e p314, 25/e p299-300

54. Which among the following is a not a primary brain injury:
a. Cortical lacerations (JIPMER 2010)
b. Brainstem herniation
c. Diffuse axonal injury
d. Brainstem contusion

55. Duret hemorrhage is/are seen in:
a. Conjunctiva (PGI May 2011, Nov 2010, Dec 2008)
b. Middle ear
c. Endothelium of heart
d. Brain
e. Lung

56. About cranial trauma false is: (AIIMS Nov 2010)
a. Raccoon eyes seen in subgaleal hemorrhage
b. Depressed skull fracture is associated with brain injury at the immediate area of impact
c. Caroticocavernous fistula occur in base skull fracture
d. Post traumatic epilepsy seen in 15%
Ref: Schwartz 9/e p148

57. Which is an ominous sign in case of severe head injury:
a. Development of diabetes insipidus (PGI Nov 2010)
b. Anisocoria
c. New focal deficit
d. Depressed skull fracture
e. Decorticate posturing *Ref: Harrison 18/e p2249-2251*

58. Battle's sign is present in: (MHSSMCET 2006, 2005)
a. Anterior cranial fossa fracture
b. Middle cranial fossa fracture
c. Posterior cranial fossa fracture
d. Fracture lesser wing of sphenoid

59. In a vehicular accident, extensive contusions of brain due to acceleration and deceleration injury indicate what kind of injury: (MHSSMCET 2006)
a. Penetrating injury
b. Coup-Countercoup injury
c. Second impact syndrome
d. Crush injury *Ref: Bailey 26/e p317, 25/e p305*

60. The most common neurologic abnormality that occurs with head injury is: (Karnataka 2005)
a. Hemiplegia
b. Ocular nerve palsy
c. Altered consciousness
d. Convulsion

61. Cushing reflex is: (UPPG 2007)
a. Mean arterial pressure with increased intracranial pressure
b. Mean arterial pressure with decreased intracranial pressure
c. Mean arterial pressure with increased intracranial pressure
d. Mean arterial pressure with decreased intracranial pressure
Ref: Schwartz 9/e p1521; Bailey 25/e p483

62. What is not found in head injury: (MCI March 2007)
a. Confusion
b. Loss of consciousness
c. Lucid interval
d. GCS score of 0

63. Raised intracranial pressure will cause: (MCI March 2007)
a. Tachycardia
b. Hypotension
c. Papilloedema
d. Normal looking anterior fontenalle in infants

Ans.	**48.** b. Vasospasm…	**49.** b. Ischemic stroke	**50.** a. brain	**51.** a. Serum osmolality…
	52. c. Corticosteroids…	**53.** d. Intra cerebral…	**54.** b. Brainstem…	**55.** d. Brain
	56. a. Raccoon eyes…	**57.** b. and e.	**58.** b. Middle cranial…	**59.** b. Coup-Countercoup injury
	60. c. Altered cons…	**61.** a. ↑Mean arterial pressure…	**62.** d. GCS score of 0	**63.** c. Papilloedema

64. True statement regarding fracture base of the skull are all of the following except:
a. Prophylactic antibiotics are usually not required
b. Associated with 8th cranial nerve palsy
c. Early surgery is indicated for optimal outcome
d. May present with CSF otorrhoea
Ref: Bailey 26/e p314, 25/e p308

65. The cause of systemic secondary insult to injured brain include all of the following except: (AIIMS May 2006)
a. Hypercapnia
b. Hypoxemia
c. Hypotension
d. Hypothermia
Ref: Bailey 25/e p299-300; Harrison 18/e p2257

66. In a patient with head injury damage in the brain is aggravated by: (All India 2010)
a. Hyperglycemia
b. Hypothermia
c. Hypocapnia
d. Serum osmolality *Ref: Harrison 18/e p2257*

67. Best prognostic factor for head injury is: (All India 2007)
a. Glasgow coma scale
b. Age
c. Mode of injury
d. CT

68. The earliest manifestations of increased intracranial pressure following head injury is: (All India 2005)
a. Ipsilateral papillary dilatation
b. Contralateral papillary dilatation
c. Altered mental status
d. Hemiparesis

69. Transtentorial uncal herniation causes all except:
a. Ipsilateral dilated pupils (AIIMS May 2001)
b. Ipsilateral hemiplegia
c. Cheyne stokes respiration
d. Decorticate rigidity
Ref: Harrison 18/e p2248; Sabiston 19/e p1874-1875; Schwartz 9/e p1521; Bailey 26/e p312, 25/e p300

70. A patient present with unilateral painful ophthalmoplegia. Imaging revealed an enlargement of cavernous sinus on the affected side. The likely diagnosis is: (AIIMS May 2008)
a. Gradenigo syndrome
b. Cavernous sinus thrombosis
c. Tolosa -Hunt Syndrome
d. Orbital Pseudotumor *Ref: Harrison 18/e p1662-1663*

71. Non-noxious stimuli perceived as pain is termed as:
a. Allodynia (AIIMS May 2008)
b. Hyperalgesia
c. Hyperesthesia
d. Hyperpathia *Ref: Harrison 18/e p96, 186*

72. Spontaneous CSF leaks may be associated with all except:
a. Increased Intracranial Tension (AIIMS Nov 2008)
b. Pseudotumor cerebri
c. Empty Sella Syndrome
d. Encephalocele *Ref: Diagnostic Nuclear Medicine 4/e p838*

73. All of the following statements about Diffuse Axonal Injury (DAI) are true except: (All India 2008)
a. Caused by shearing force
b. Predominant white matter hemorrhages, in basal ganglion and corpus callosum
c. Increased intracranial tension is seen in all cases
d. Most common at junction of grey and white matter
Ref: Harrison 18/e p3378; Sabiston 19/e p1893

74. A 24-years old man falls on the ground when he is struck in the right temple by a baseball. While being driven to the hospital, he lapses into coma. He is unresponsive with the dilated right pupil when be reaches the emergency department. The most important step in initial management is:
a. Craniotomy (All India 2002)
b. CT scan of the head
c. X-ray of the skull and cervical spine
d. Doppler ultrasound examination of the neck

75. All of the following lower intracranial pressure except:
a. Mannitol (All India 98)
b. Furosemide
c. Corticosteroids
d. Hyperventilation
Ref: Harrison 18/e p2257; Sabiston 19/e p1895

76. In skull fracture, the condition in which an operation is not done immediately is: (All India 96)
a. Depressed fracture
b. Compound fracture
c. CSF leak
d. Increased size of head

77. Surgery is not useful in: (JIPMER 2003)
a. Cerebral edema
b. Depressed fracture
c. Extradural hemorrhage
d. Subdural haemorrhage

78. In a patient with head injury black eye associated with subconjunctival hemorrhage occurs when there is:
a. Fracture of floor of anterior cranial fossa (UPSC 2007)
b. Bleeding between the skin and galea aponeurotica
c. Hemorrhage between galea aponeurotica and pericranium
d. Fracture of greater wing of sphenoid bone

79. Patient with a history of fall presents weeks later with headache and progressive neurological deterioration. The diagnosis is: (All India 2002)
a. Acute subdural hemorrhage
b. Extradural hemorrhage
c. Chronic subdural hemorrhage
d. Fracture skull

Ans.
64. c. Early surgery is… **65.** d. Hypothermia **66.** a. Hyperglycemia **67.** a. Glasgow coma scale
68. c. Altered mental… **69.** d. Decorticate rigidity **70.** c. Tolosa –Hunt Syndrome **71.** a. Allodynia
72. None. **73.** c. Increased intracranial… **74.** a Craniotomy **75.** b. Furosemide
76. c. CSF leak **77.** a. Cerebral edema **78.** a. Fracture of floor… **79.** c. Chronic subdural hemorrhage

80. The treatment of post traumatic epilepsy is: (AIIMS 2004)
a. Mannitol infusion
b. Immediate corticosteroids
c. Long term anticonvulsants
d. Long term corticosteroids

81. Following are the features of raised intracranial tension except: (AIIMS 2002)
a. Altered sensorium
b. Papilloedma
c. Convulsions
d. Tachycardia

82. Facial nerve palsy is seen in the following fracture:
a. Anterior cranial fossa (AIIMS 2000)
b. Middle cranial fossa
c. Cranial vault
d. Posterior cranial fossa

83. The most important clinical finding in a case of head injury is: (JIPMER 2003)
a. Pupillary dilatation
b. Level of consciousness
c. Focal neurological deficit
d. Fracture skull

84. Signs of cerebral compression are all except:
a. Bradycardia (JIPMER 2002)
b. Hypotension
c. Papilloedma
d. Vomiting

85. In patient of head injury with rapidly increasing intracranial tension without hematoma, the drug of choice for initial management would be: (UPSC 2000)
a. Lasix
b. Steroids
c. 20% Mannitol
d. Glycine

86. Battle's sign is seen in: (JIPMER 2004)
a. Fracture middle cranial fossa
b. Fracture base of skull
c. Fracture anterior cranial fossa
d. All of the above

87. Management of epidural abscess is: (DNB 2011)
a. Immediate surgical evaluation
b. Conservative management
c. Antibiotics
d. Aggressive debridement *Ref: Bailey 25/e p474*

88. Brain abscess in cyanotic heart disease is commonly located in: (All India 2006)
a. Cerebellar hemisphere
b. Thalamus
c. Temporal lobe
d. Parietal lobe

Ref: Harrison 18/e p3428; Sabiston 19/e p1913; Schwartz 9/e p1550; Bailey 26/e p609-610, 25/e p628-629

89. Brain abscess may be due to the following:
a. Chronic suppurative otitis media
b. Chronic lung abscess (AMC 2002)
c. Trauma
d. Any of the above

90. Subdural collection of pus in a head injury patients after 3 days, the responsible organism is: (UPPG 2009)
a. Staph aureus
b. B hemolytic streptococcus
c. H. influenza
d. Pneumococcus

91. A young female patient with long history of sinusitis presented with frequent fever along with personality changes and headache of recent origin. The fundus examination revealed papilledema. The most likely diagnosis is:
a. Frontal lobe abscess (AIIMS Nov 2004)
b. Meningitis
c. Encephalitis
d. Frontal bone ostemomyelitis

92. True about Glasgow coma scale: (JIPMER 2011)
a. Includes verbal response
b. Includes papillary reflex
c. High score means poor prognosis
d. Includes measurement of intracranial pressure

Ref: Harrison 18/e p3381-3382; Sabiston 19/e p1894; Schwartz 9/e p1522; Bailey 26/e p312, 25/e p301-302

93. In Glasgow coma scale, withdrawal to pain stimulus comes under:
a. M4
b. M3
c. M2
d. M5

94. A patient with head injury opens eyes to painful stimulus, uses inappropriate words, and localizes pain, what is his GCS score: (All India 2011)
a. 8
b. 10
c. 12
d. 14

95. A head injured patient, who opens eyes to painful stimulus, is confused and localizes to pain. What is the Glasgow coma score: (AIIMS Nov 2005)
a. 7
b. 9
c. 11
d. 13

Ans.

80. c. Long term…	**81.** d. Tachycardia	**82.** b. Middle cranial fossa	**83.** b. Level of consciousness
84. b. Hypotension	**85.** c. 20% Mannitol	**86.** a. and b.	**87.** a. Immediate surgical…
88. d. Parietal lobe	**89.** d. Any of the above	**90.** a. Staph aureus	**91.** a. Frontal lobe abscess
92. a. Includes verbal…	**93.** a. M4	**94.** b. 10	**95.** c. 11

96. Minimal Glasgow coma scale is:

a. 0 (DNB 2012, UPPG 2010, MCI March 2007)
b. 1
c. 2
d. 3
e. 4

97. Mild head injury is having Glasgow coma scale of:

a. 3-5
b. 5-8 (SGPGI 2005)
c. 8-10
d. 13-15

98. Which of the following is not a component of Glasgow coma scale: (DNB 2009, All India 2006)

a. Eye opening
b. Motor response
c. Pupil size
d. Verbal response

99. Total score in Glasgow coma scale of a conscious person is:

a. 8
b. 3 (All India 2006)
c. 15
d. 10

100. According to Glasgow coma scale (GCS), a verbal score of 1 indicates: (All India 2005)

a. No response
b. Inappropriate words
c. Incomprehensible sounds
d. Disoriented response

101. Regarding Glasgow coma scale, which is not true:

a. Ranges from 6-12 (AIIMS Nov 2006)
b. Low score indicates deteriorating brain function
c. Based on eye opening, verbal response and motor response
d. Score below 5 shows poor prognosis

102. All are true about Glasgow coma scale, except:

a. Score between 3-15 (AIIMS June 2003)
b. Obeying motor command is given maximum score
c. Consists of eye opening, motor and verbal response
d. Increased score indicates poor prognosis

103. A person with inappropriate words evaluated by GCS will have a verbal score of: (All India 2012)

a. 4
b. 3
c. 2
d. 1

104. Meningomyelocele patient after being operated developed hydrocephalus due to: (PGI Dec 2008)

a. Arnold Chiari malformation
b. Injury to absorptive surface
c. Central canal injury
d. Arachnoidal block

Ref: Sabiston 19/e p1911; Schwartz 9/e p1554; Bailey 26/e p484, 25/e p483

105. Commonest site of meningocele is:

a. Lumbosacral (DNB 2005, 2001)
b. Occipital
c. Frontal
d. Thoracic

Ref: Sabiston 19/e p1911; Schwartz 9/e p1553; Bailey 26/e p617, 25/e p483

106. Not true regarding Dandy-Walker cyst: (AIIMS June 2007)

a. Cerebellar vermis hypoplasia
b. Hydrocephalus
c. Arachnoid cyst
d. Posterior fossa cyst

Ref: Sabiston 19/e p1911; Schwartz 9/e p1553

107. What will be the diagnosis of the child with pulsatile swelling on medial side of the nose: (AIIMS June 2001)

a. Teratoma
b. Meningocele
c. Dermoid cyst
d. Carcinoma of ethmoid bone

108. A new born presents with swelling in base of the spine in which meninges herniates through bony defect cause is:

a. Defect in pedicle (UPPG 2009)
b. Defect in body
c. Defect in fusion of vertebral arches
d. Defect is transverse process

109. A new born with meningomyelocele has been posted for surgery. The defect should be immediately covered with:

a. Normal saline guaze (AIIMS May 2013, All India 2012)
b. Povidone iodine guaze
c. Tincture benzoin guaze
d. Methylene blue guaze

Ref: Sabiston 19/e p1910; Schwartz 9/e p1553;
Bailey 26/e p611, 25/e p483, 641

110. Tinnel's sign indicates: (Kerala 2003)

a. Atrophy of nerves
b. Neuroma
c. Injury to nerve
d. Regeneration of nerves

Ref: Schwartz 9/e p1532; Bailey 25/e p355

111. Bilateral phrenic nerve palsy is caused by:

a. Carcinoma bronchus (PGI 2004)
b. Polio
c. Medullary carcinoma thyroid
d. Paget's disease

112. After an open injury, the optimum time for nerve suture is:

a. Immediately (PGI 2004)
b. Within one month
c. 1-2 month
d. 2-4 month
e. When wound is free from infection

Ans.
96. d. 3
97. d. 13-15
98. c. Pupil size
99. c. 15
100. a. No response
101. a. Ranges from 6-12
102. d. Increased score…
103. b. 3
104. a. Arnold Chiari…
105. a. Lumbosacral
106. c. Arachnoid cyst
107. b. Meningocele
108. c. Defect in fusion…
109. a. Normal saline
110. d. Regeneration…
111. b. Polio
112. e. When wound…

113. In Erb-Duchene paralysis, the injury is limited to the: (COMEDK 2008)
a. 2nd and 3rd cervical nerves
b. 3rd and 4th cervical nerves
c. 4th and 5th cervical nerves
d. 5th and 6th cervical nerves

114. Peripheral nerves can withstand ischemia upto: (JIPMER 2003)
a. 30 minutes
b. 1 hour
c. 2 hours
d. 4 hours

115. Carpal tunnel syndrome is due to the compression of: (JIPMER 2011, COMEDK 2006)
a. Median nerve
b. Anterior interosseous nerve
c. Radial nerve
d. Ulnar nerve
Ref: Harrison 18/e p59-60; Sabiston 19/e p1983; Schwartz 9/e p1627-1628; Bailey 26/e p503, 25/e p511-512

116. Carpel tunnel syndrome is caused by all except: (AIIMS May 2011)
a. Amyloidosis
b. Hypothyroidism
c. Addison's disease
d. Diabetes mellitus

117. In causalgia, the nerve most commonly affected are: (AIIMS 2003)
a. Radial and ulnar
b. Median and sciatic
c. Radial and peroneal
d. Ilioinguinal and sural *Ref: Schwartz 7/e p1906*

118. Commonest cause of carpal tunnel syndrome is: (All India 2005)
a. Malunited Colle's fracture
b. Rheumatoid arthritis involving flexor retinaculum
c. Myxedema
d. Pregnancy

119. All produce carpal tunnel syndrome except: (Kerala 2008)
a. Colle's fracture
b. Acromegaly
c. Addison's disease
d. Hypothyroidism

120. In normal pressure hydrocephalus, all are seen except: (PGI Dec 2004)
a. Convulsion
b. Ataxia
c. Dementia
d. Incontinence
Ref: Harrison 18/e p3312-3313; Sabiston 19/e p1909

121. Which of the following is the most common location of intracranial neurocysticercosis: (AIIMS Nov 2005)
a. Brain parenchyma
b. Subarachnoid space
c. Spinal cord
d. Orbit

122. The nerve of Kuntz is an important landmark in: (PGI 2000)
a. Lumbar sympathectomy
b. Cervicodorsal sympathectomy
c. Obturator neurectomy
d. Splanchnicectomy
e. Herniorraphy
Ref: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1468385/

123. A dome shaped skull with a high forehead in the infant with slight hydrocephalus (Olympian brow) is seen in: (JIPMER 2002)
a. Marasmus
b. Congenital syphilis
c. Rickets
d. Arnold Chiari syndrome

124. The parasitic infection capable of producing spinal cord compression is /are: (AIIMS 81, DPG 83)
a. Leishmaniasis
b. Wuchereriasis
c. Echinococcosis
d. Amoebiasis

125. The following are CNS findings of CO2 narcosis: (PGI 2004)
a. Excitement
b. Increased pH of CSF
c. Decreased pH of CSF
d. Papilledema

126. All of the following conditions are known to cause diabetes insipidus except: (AIIMS 2004)
a. Multiple sclerosis
b. Head injury
c. Histiocytosis
d. Viral encephalitis

127. Cells from the neural crest are involved in all except: (AIIMS June 2003)
a. Hirschprung's disease
b. Neuroblastoma
c. Primitive neuroectodermal tumour
d. Wilm's tumour

128. All can commonly occur in a patient who suffered decelerating injury in which pituitary stalk was damaged. except one: (AIIMS Nov 2000)
a. Diabetes mellitus
b. Thyroid insufficiency
c. Adrenocortical insufficiency
d. Diabetes insipidus

129. The defective migration of neural crest cells results in: (PGI June 2006)
a. Congenital megacolon
b. Albinism
c. Adrenogenital hypoplasia
d. Dentinogenesis imperfect

130. Hemostasis in scalp wound is best achieved by: (DPG 2011)
a. Direct pressure over the wound
b. Catching and crushing the bleeders by hemostasis
c. Eversion of galea aponeurotica
d. Coagulation of bleeders
Ref: en.wikipedia.org/wiki/Galea_aponeurotica

Ans.	**113.** d. 5th and 6th…	**114.** d. 4 hours	**115.** a. Median nerve	**116.** c. Addison's disease
	117. b. Median and sciatic	**118.** d. Pregnancy	**119.** c. Addison's disease	**120.** a. Convulsion
	121. a. Brain parenchyma	**122.** b. Cervicodorsal…	**123.** b. Congenital syphilis	**124.** c. Echinococcosis
	125. c. Decreased pH…	**126.** a. Multiple sclerosis	**127.** d. Wilm's tumour	**128.** a. Diabetes mellitus
	129. a. and b.	**130.** c. Eversion of galea…		

131. Premature filling of veins is a manifestation in cerebral angiography of: (AIIMS 2002)

a. Trauma
b. Brain tumour
c. Arteriovenous malformation
d. Arterial occlusion

132. Neurosurgical treatment of epilepsy usually involves, removal of epileptic focus from which lobe:

a. Frontal lobe (Karnataka 2003)
b. Temporal lobe
c. Occipital lobe
d. Parietal lobe

Ref: Harrison 18/e p3298; Sabiston 19/e p1904; Schwartz 9/e p1551

133. Blow out fracture refers to: (JIPMER 2011)

a. Fracture of orbit
b. Fracture of nasal septum
c. Fracture base of skull
d. Fracture of mandible

134. The 'Phenomenon of Kernohan's notch' is associated with:

a. Third nerve palsy with contralateral hemiplegia
b. Subfalacine herniation (MHSSMCET 2006)
c. Transtentorial herniation
d. Foramen magnum fracture

Ref: Harrison 18/e p2248; Bailey 25/e p624

135. Signs of base of skull fracture are following except:

a. Raccoon eyes (MHSSMCET 2011)
b. Battle's sign
c. Constricted pupil
d. aemotympanum

136. A newborn present with congestive heart failure. On examination has bulging anterior fontenalle with a bruit on auscultation. Trans-fontenallar USG shows a hypoechoic midline mass with dilated lateral ventricles. Most likely diagnosis: (AIIMS Nov 2011, May 2010, Nov 2006)

a. Medullloblastoma
b. Encephalocele
c. Vein of Galen malformation
d. Arachnoid cyst

Ref: Sabiston 19/e p1876

Ans. **131.** c. Arteriovenous… **132.** b. Temporal lobe **133.** a. Fracture of orbit **134.** c. Transtentorial herniation
135. c. Constricted pupil **136.** c. Vein of Galen malformation **121.** a. Brain parenchyma **122.** b. Cervicodorsal…
123. b. Congenital syphilis **124.** c. Echinococcosis

B. CNS TUMORS

1. Suprasellar calcification with polyuria seen in: (PGI Dec 2002)
a. Langerhan cell histocytosis
b. Medulloblastoma
c. Pinealoma
d. Craniopharyngioma
e. Astrocytoma
Ref: Harrison 18/e p3389; Schwartz 9/e p1542

2. A 6-years old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination, he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect. CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnosis: (AIIMS Nov 2004, 2005)
a. Astrocytoma
b. Craniopharyngioma
c. Pituitary adenoma
d. Meningioma

3. A six year old child managed by complete surgical removal of craniopharyngioma developed multiple endocrinopathies. Which of following hormones should be replaced first: (All India 2011)
a. Hydrocortisone
b. Growth hormone
c. Thyroxine
d. Prolactin

4. Which of the following is the most common cause of a mixed cystic and solid suprasellar mass seen on cranial MR scan of a 10 years old child: (AIIMS 2005)
a. Pituitary adenoma
b. Craniopharyngioma
c. Optic chiasmal glioma
d. Germinoma

5. All the following are true of craniopharyngioma except: (All India 2002)
a. Derived from Rathke's pouch
b. Contains epithelial cells
c. Present in sella or infra-sellar location
d. Causes visual disturbances

6. A 55-years old female presents with grade I Ependymoma extending from C7-T1 with no neural defect. Surgery is done, next management is: (DPG 2008)
a. Post-op chemotherapy
b. Post-op chemoradiation
c. Imaging, regular follow up, chemotherapy if required
d. Imaging, regular follow up, radiotherapy if required
Ref: Harrison 18/e p3387; Sabiston 19/e p1888; Schwartz 9/e p1540; Bailey 25/e p474

7. Psychiatrics symptoms, true except: (PGI 2000)
a. More common with supra than infra tentorial tumors
b. More common with slow growing
c. More with temporal than frontal lobe tumours
d. More with brain stem lesions
Ref: Kaplan and Sadock's Concise Textbook of Clinical Psychiatry 2008 p74

8. Which of the following tumor is not known to increase in pregnancy: (All India 2006)
a. Glioma
b. Pituitary adenoma
c. Meningioma
d. Neurofibroma *Ref: CGDT 9/e p429*

9. Which one of the following tumors shows calcification on CT scan: (All India 2005)
a. Ependymoma
b. Medulloblastoma
c. Meningioma
d. CNS lymphoma *Ref: Sutton Radiology 7/e p1739*

10. Stereotactic radiosurgery is done for: (JIPMER 2002)
a. Glioblastoma multiforme
b. Medulloblastoma spinal cord
c. Ependymoma
d. AV malformation of brain
Ref: Sabiston 19/e p1900-1902; Schwartz 9/e p1552-1553

11. Which of the following brain tumors doesn't spread via CSF: (DPG 2011, All India 2004)
a. Germ cell tumor
b. Medulloblastoma
c. CNS Lymphoma
d. Craniopharyngioma *Ref: Harrison 18/e p3382-3388*

12. The characteristic feature of a frontal lobe tumor is: (All India 2007)
a. Abnormal gait
b. Aphasia
c. Distractibility
d. Antisocial behavior *Ref: en.wikipedia.org/wiki/Witzelsucht*

13. Prophylactic craniospinal irradiation is recommended in: (PGI 2007)
a. Gemistocytic astrocytoma
b. Posterior fossa ependymoma
c. Meningioma
d. Medulloblastoma *Ref: Harrison 18/e p3388*

14. All of the following tumors many be malignant except: (All India 2005)
a. Glioma
b. Astrocytoma
c. Hemangioblastoma
d. Ependymoma
Ref: Harrison 18/e p793; Sabiston 19/e p1888; Schwartz 9/e p1541

15. The CNS tumor present with calcification: (PGI June 2004)
a. Oligodendroglioma
b. Astrocytoma
c. Medulloblastoma
d. Pheochromocytoma
Ref: Harrison 18/e p3386; Sabiston 19/e p1887; Schwartz 9/e p1539; Bailey 26/e p613, 25/e p632

16. Lowest incidence of cerebral tumours is seen in: (AIIMS 2006)
a. Occipital
b. Frontal
c. Temporal
d. Parietal

Ans.
1. d. Craniopharyngioma
2. b. Craniopharyngioma
3. a. Hydrocortisone
4. b. Craniopharyngioma
5. c. Present in sella…
6. d. Imaging, regular follow up…
7. b and c
8. a. Glioma
9. c. Meningioma
10. d. AV malformation of brain
11. d. Craniopharyngioma
12. d. Antisocial behavior
13. d. Medulloblastoma
14. c. Hemangioblastoma
15. a. Oligodendroglioma
16. a. Occipital

17. A 45-years old female complains of progressive lower limb weakness, spasticity, urinary hesitancy. MRI shows intradural enhancing mass lesion. Most likely diagnosis is:
a. Dermoid cyst (AIIMS Nov 2011, Nov 2006, All India 2007)
b. Intradural lipoma
c. Neuroepithelial cyst
d. Meningioma

Ref: Harrison 18/e p3388; Chapman 4/e p 431; Sabiston 19/e p1888-1889; Schwartz 9/e p1540-1541; Bailey 26/e p614, 25/e p633

18. Radiological features of meningioma: (PGI 2009)
a. Calcification
b. Erosion
c. Sutural diastasis
d. Osteosclerosis
e. Vascular erosion

19. A 48-years old woman comes with bilateral progressive weakness of both lower limbs, spasticity and mild impairment of respiratory movements. MRI shows an intradural mid-dorsal midline enhancing lesion. What is the diagnosis:
a. Intradural lipoma (AIIMS May 2010)
b. Meningioma
c. Neuroenteric cyst
d. Dermoid cyst

20. Best prognosis among following is seen in: (DNB 2007)
a. Astrocytoma
b. Oligodendroglioma
c. Meningioma
d. Medulloblastoma

21. Extra-axial intracranial lesion showing contrast enhancement on MRI: (All India 2012)
a. Meningioma
b. Ependymoma
c. Arachnoid cyst
d. Astrocytoma

22. A lady had meningioma with inflammatory edematous lesion. She was planned for surgery. Junior resident mistake in writting preoperative notes is: (AIIMS May 2012)
a. Stop steroids
b. Wash head with shampoo
c. Antibiotic sensitivity
d. Continue antiepileptics

23. Which of the following carcinoma most frequently metastasizes to brain: (AIIMS 2005)
a. Small cell carcinoma lung
b. Prostate cancer
c. Rectal carcinoma
d. Endometrial cancer *Ref: Harrison 18/e p3390*

24. Most common site of brain metastasis: (DNB 2011)
a. Brainstem
b. Cerebellum
c. Cerebral cortex
d. Thalamous

25. All of the following hereditary conditions predispose to CNS tumors, except: (DPG 2010, AIIMS 2005)
a. Neurofibromatosis 1 and 2
b. Tuberous sclerosis
c. Von-Hippel-Lindau syndrome
d. Xeroderma pigmentosum

Ref: Harrison 18/e p3384; Bailey 26/e p612, 25/e p631

26. All of the following statements about Neurofibromatosis are true, except: (All India 2009)
a. Autosomal recessive inheritance
b. Cutaneous neurofibromas
c. Cataract
d. Scoliosis

Ref: Harrison 18/e p3389-3390; Sabiston 19/e p705; Schwartz 9/e p1285; Bailey 26/e p612, 25/e p631, 597

27. Which of the following is the most common tumor associated with type-1 neurofibromatosis:
a. Optic nerve glioma (AIIMS Nov 2007, May 2003)
b. Meningioma
c. Acoustic schwannoma
d. Low grade astrocytoma

28. Neurofibromatosis type-2 is associated with:
a. Bilateral acoustic schwannoma (PGI Dec 2000)
b. Multiple cafe-au-lait spots
c. Chromosome-22
d. Lisch nodule
e. Posterior subcapsular lenticular cataract

29. Widened neural foramina is frequently seen in:
a. Neurofibromatosis (All India 2012)
b. Tuberous sclerosis
c. Sturge-Weber syndrome
d. Klippel-Fiel syndrome

Ref: Differential Diagnosis in Conventional Radiology (Thieme 2007/260

30. All of the following may be associated with Von-Hippel Lindau syndrome, except: (All India 2009)
a. Retinal and cerebellar hemangioblastomas
b. Gastric carcinoma
c. Pheochromocytoma
d. Renal cell carcinoma *Ref: Harrison 18/e p3384; Sabiston 19/e p705; Schwartz 9/e p247; Bailey 25/e p95*

31. In Von-Hippel Lindau syndrome, the retinal vascular tumours are often associated with intracranial hemangioblastoma. Which one of the following regions is associated with such vascular abnormalities in this syndrome:
a. Optic radiation (All India 2005)
b. Optic tract
c. Cerebellum
d. Pulvinar

32. Which of the following statement about VHL syndrome is true: (All India 2012)
a. Multiple tumors are rarely seen
b. Craniospinal hemangioblastoma are common
c. Supratentorial tumors are common
d. Tumors of Schwann cells are common

33. Neurofibromatosis-2 is/are associated with: (PGI Nov 2011)
a. Meningioma
b. Schwannoma
c. Glioma
d. Lisch nodule
e. Hearing loss

Ans.							
17.	d. Meningioma	**18.**	a, d, and e.	**19.**	b. Meningioma	**20.**	c. Meningioma
21.	a. Meningioma	**22.**	a. Stop steroids	**23.**	a. Small cell carcinoma…	**24.**	c. Cerebral cortex
25.	d. Xeroderma…	**26.**	a. Autosomal recessive…	**27.**	a. Optic nerve glioma	**28.**	a, c, and e.
29.	a. Neurofibromatosis	**30.**	b. Gastric carcinoma	**31.**	c. Cerebellum	**32.**	b. Craniospinal…
33.	a, b, c, and e.						

34. A child presents to the clinic with history of seizures and mental retardation. Clinical examination reveals multiple hypopigmented macules. What is the likely diagnosis: (All India 2010)

a. Tuberous sclerosis
b. Neurofibromatosis
c. Sturge Weber syndrome
d. Linear epidermal nevus syndrome

Ref: Roxburgh's 17/e p201; Harrison 18/e p3390

35. The diagnosis of a patient presenting with seizures, mental retardation and sebaceous adenoma is: (All India 2005)

a. Hypothyroidism
b. Tuberous sclerosis
c. Toxoplasmosis
d. Down syndrome

36. Triad of tuberous sclerosis includes all, except: (All India 2009)

a. Epilepsy
b. Adenoma sebacium
c. Low intelligence
d. Hydrocephalus

37. Adenoma sebacium is a feature of: (AIIMS 2005)

a. Neurofibromatosis
b. Tuberous sclerosis
c. Xanthomatosis
d. Incontinentia pigmenti

38. CNS tumor seen in Von Hippel Lindau syndrome is: (PGI Dec 2009)

a. Meningioma
b. Cerebellar hemangioblastoma
c. CNS lymphoma
d. Glioma

39. Neurofibromatosis is associated with: (PGI Dec 2005)

a. Papillary carcinoma
b. Islet cell tumour
c. Pheochromocytoma
d. Glucagonoma

40. Plexiform neurofibromatosis commonly affects: (JIPMER 2000)

a. Facial nerve
b. Trigeminal nerve
c. Peripheral nerve
d. Glossopharyngeal nerve

41. Musculoskeletal abnormality in neurofibromatosis is: (PGI 2007)

a. Hypertrophy of limb
b. Scoliosis
c. Café au lait spots
d. Pseudo arthrosis
e. All

42. Neurofibromatosis presents as all of the following except: (UPSC 2001)

a. Elephantiasis neuromatosa
b. Plexiform neuroma
c. Von Recklinghausen's disease
d. Lymphadenovarix

43. Brain tumor is associated with all except: (PGI Dec 2007)

a. Tuberous sclerosis
b. Von Hippel landau syndrome
c. Neurofibromatosis
d. Sturge-Weber syndrome

44. What is not a feature of Sturge-Weber syndrome:

a. Rail track appearance
b. Hemiatrophy of the brain
c. Convulsion
d. Empty sella

Ref: Bailey 26/e p599, 25/e p618

45. Which of the following is true about medulloblastoma: (PGI Dec 2005)

a. Radiosensitive tumor
b. Spreads through CSF
c. Surgical treatment is not done
d. Occurs in young age group
e. It is a supratentorial tumor

Ref: Harrison 18/e p3388; Sabiston 19/e p1888; Schwartz 9/e p1540

46. Chang staging is used for: (AIIMS May 2010)

a. Retinoblastoma
b. Medulloblastoma
c. Ewing's sarcoma
d. Rhabdomyosarcoma

47. Long term effect of craniospinal irradiation for medulloblastoma is: (JIPMER 2011)

a. Secondary malignancy
b. Neuro endocrine abnormalities
c. Neurocognitive effects
d. Hearing loss

Ref: www.ncbi.nlm.nih.gov/pubmed/9121399

48. Most radiosensitive brain tumor is: (AIIMS Sept 2009)

a. Ependymoma
b. Medulloblastoma
c. Glioblastoma multiforme
d. Astrocytoma

49. True about medulloblastoma is: (AIIMS Nov 2004)

a. Highly radiosensitive
b. Surgery is the only treatment
c. Occurs in adult age group
d. Chemotherapy is useful

50. Which of the following is the most common type of glial tumors: (All India 2006)

a. Astrocytomas
b. Medulloblastomas
c. Neurofibromas
d. Ependymomas

Ref: Harrison 18/e p3384-3386; Sabiston 19/e p1886; Schwartz 9/e p1539; Bailey 26/e p613, 25/e p632

Ans.

34. a. Tuberous Sclerosis **35.** b. Tuberous sclerosis **36.** d. Hydrocephalus **37.** b. Tuberous sclerosis
38. b. Cerebellar… **39.** c. Pheochromocytoma **40.** b. Trigeminal nerve **41.** e. All
42. d. Lymphadenovarix **43.** d. Sturge-Weber syndrome **44.** d. Empty sella **45.** a, b, and d.
46. b. Medulloblastoma **47.** c. Neurocognitive effect **48.** b. Medulloblastoma **49.** a. Highly radiosensitive
50. a. Astrocytomas

51 In children most common posterior fossa tumour is: (AIIMS Dec 2005)
a. Meningiomas
b. Astrocytoma
c. Medulloblastoma
d. Glioblastoma multiforme

52. Glioblastoma multiforme may occur in the following except: (DPG 2009)
a. Cerebrum of adult
b. Brain stem of child
c. Spinal cord of adult
d. Adrenal medulla of child

53. Which of the following brain tumors is highly vascular in nature: (AIIMS May 2006)
a. Glioblastoma
b. Meningiomas
c. CP angle epidermoid
d. Pituitary adenomas

Ref: Harrison 18/e p3384-3386; Osborn Neuroradiology (1994/541, 591

54. Most common intracranial neoplasm in adults is: (AIIMS May 2009)
a. Meningioma
b. Astrocytoma
c. Posterior fossa tumor
d. Ganglioneuroma

55. Which of the following statements about cerebellar astrocytomas in pediatric age group is false: (All India 2008)
a. These are usually low grade tumors
b. These are more commonly seen in the 1st and 2nd decades
c. These tumors have a good prognosis
d. These tumors are more common in females

Ref: Nelsons 18/e p2130, 2131

56. Most common site of sub ependymal astrocytoma (Giant cell): (AIIMS Nov 2007)
a. Trigone of lateral ventricle
b. Foramen of Monro
c. Temporal horn of lateral ventricle
d. 4th ventricle

Ref: Neurology in Clinical Practice 4/e p428; Sutton Radiology 7/e p1735

57. Glioblastoma multiforme is a variant of: (COMEDK 2005)
a. Medulloblastoma
b. Meningioma
c. Astrocytoma
d. Neuroblastoma

58. All are true regarding pilocytic astrocytoma, except: (AIIMS May 2009)
a. Seen in elderly above 80 years
b. Seen in posterior fossa
c. Good prognosis
d. Most common primary brain tumor in children

59. A child present with raised ICT. On CT scan, a lesion is seen around foramen of Monroe and multiple periventricular calcific foci. What is the most probable diagnosis: (AIIMS Nov 2011)
a. Central neurocytoma
b. Ependymoma
c. Subependymal giant cell astrocytoma
d. Gangliogangliooma

60. Which of the following is true about pituitary adenoma: (PGI Dec 2005)
a. Accounts for 10% of brain tumors
b. Erodes the sellar and extends into surrounding area
c. Prolactinoma is least common
d. It is differentiated by reticulin stain

Ref: Harrison 18/e p2880; Sabiston 19/e p1890; Schwartz 9/e p1541; Bailey 26/e p614-616, 25/e p633

61. The most preferred approach for pituitary surgery at the present time is: (All India 2006)
a. Transcranial
b. Transethmoidal
c. Transphenoidal
d. Transcallosal

62. A 35-years old female with amenorrhea, galactorrhea has bitemporal hemianopia. The most probable diagnosis is: (JIPMER 2010)
a. GnRH adenoma
b. Sellar chordoma
c. Craniopharyngioma
d. Prolactin secreting pituitary microadenoma

63. A 30-years old male complains of loss of erection; he has low testosterone and high prolactin level in blood; what is the likely diagnosis: (All India 2001)
a. Pituitary adenoma
b. Testicular failure
c. Craniopharyngioma
d. Cushing's syndrome

64. Most common cause of hypersecreting pituitary tumour is: (DNB 2009)
a. Pituitary adenoma
b. Pituitary carcinoma
c. Autoimmue disease of pituitary
d. Transection of stalk

65. True about primary CNS lymphoma: (PGI 2009)
a. Reticulin staining done
b. Essentially B-cell type
c. Associated with EBV
d. Indolent disease with good prognosis
e. Chemotherapy highly effective

Ref: Harrison 18/e p3387-3388; Sabiston 19/e p1888; Schwartz 9/e p1542; Bailey 25/e p630

66. All are true regarding Primary CNS lymphoma except: (AIIMS Feb 2007)
a. Radiotherapy and chemotherapy is of no value
b. Occurs in AIDS patients
c. Commonly occurs in immune-compromised persons
d. EBV may be a cause

67. The commonest extradural spinal tumour is: (NIMHANS 2000)
a. Neurofibroma
b. Glioma
c. Meningioma
d. Metastasis

Ref: Scott Atlas, MRI of the Brain and Spine 3rd/1742; Sabiston 19/e p1890; Schwartz 9/e p1543-1544

68. Commonest spinal tumour is: (SCTIMS 2007)
a. Meningioma
b. Ependymoma
c. Neurofibroma
d. Neuroblastomas

Ans.	**51.** b. Astrocytoma	**52.** d. Adrenal medulla of child	**53.** a. Glioblastoma	**54.** b. Astrocytoma
	55. d. These tumors are…	**56.** b. Foramen of Monro	**57.** c. Astrocytoma	**58.** c. Seen in elderly above 80…
	59. c. Subependymal…	**60.** a, b and d	**61.** c. Transphenoidal	**62.** d. Prolactin secreting…
	63. a. Pituitary adenoma	**64.** a. Pituitary adenoma	**65.** a, b, and c	**66.** a. Radiotherapy and…
	67. d. Metastasis	**68.** c. Neurofibroma		

69. Most common location of spinal tumors: (AIIMS Nov 2007)
a. Intramedullary
b. Intradural extramedullary
c. Extradural
d. Equally distributed

70. Commonest orbital tumour causing exophthalmos is:
a. Glioma
b. Meningioma (AIIMS 2001)
c. Hemangioma
d. Neuroblastoma

71. Which of the following is primary neurogenic tumour:
a. Meningioma (JIPMER 2007)
b. Glioblastoma
c. Acoustic neuroma
d. Neuroblastoma

72. Witzelsucht syndrome (i.e. "Pathological Joking") is seen in: (All India 2002)
a. Frontal lobe tumours
b. Parietal lobe tumours
c. Temporal lobe tumours
d. Intraventricular tumours

73. MRI is the investigation of choice in all of the following except: (COMEDK 2007, 2004)
a. Syringomyelia
b. Brain stem tumors
c. Skull bone tumors
d. Multiple sclerosis *Ref: Bailey 25/e p133-135*

74. All of the following are neuronal tumors, except:
a. Gangliocytoma (All India 2011)
b. Ganglioglioma
c. Neurocytoma
d. Ependymoma *Ref: Robbins 8/e p1330, 1335*

75. A 20-years female patient with 6th cranial nerve palsy on T2 weighted MRI shows a hyperintense lesion in cavernous sinus which shows homogenous contrast enhancement. Most probable diagnosis is: (AIIMS Nov 2010)
a. Schwannoma
b. Meningioma
c. Cavernous sinus hemangioma
d. Astrocytoma *Ref: Osborn Radiology/501*

76. Imaging modality of choice for detecting radiation induced cerebral necrosis: (AIIMS Nov 2009, 2005)
a. PET scan
b. Biopsy
c. MRI
d. CT

77. Not a neuroglial tumor: (Kerala 95)
a. Shwannoma
b. Astrocytoma
c. Medulloblastoma
d. Ependymoma

78. Investigation of choice for leptomeningeal carcinomatosis:
a. PET Scan
b. SPECT (AIIMS Nov 2011)
c. Gd enhanced MRI
d. CT scan

79. A patient was diagnosed with intracranial cavernous angioma on MRI. MRI finding chracteristic of this lesion is:
a. Well defined nidus (AIIMS Nov 2011)
b. Definite arterial feeders
c. Phlebectasis
d. Popcorn like lesion *Ref: Osborn Neuroradiology/313*

80. All of the following are true about long terms sequel of cranio spinal radiothreapy for children with CNS tumors except:
a. Neurocognitive dysfunction (All India 2012)
b. Endocrinologic dysfunction
c. Musculoskeletan hypoplasia
d. Neuropscychological sequel are independent of radiation dose
Ref: Tumors of Pediatric CNS (Thieme 2001/141

81. Enlargement of pituitary tumour after adrenalectomy is called as: (DNB 2009)
a. Nelson syndrome
b. Steel-Richardson syndrome
c. Hamman-Rich syndrome
d. Job's syndrome

82. Stereotactic surgery is used for treatment of:
a. Brain tumor (AIIMS Nov 2012)
b. Lungs carcinoma
c. Cervix cancer
d. Renal carcinoma
Ans. a. Brain tumor Ref: Sabiston 19/e p1900-1902; Schwartz 9/e p1552-1553

83. Highly vascular tumor of brain and spinal cord in adults:
a. Metastasis (AIIMS May 2013)
b. Pilocytic astrocytoma
c. Hemangioblastoma
d. Cavernous malformation
Ref: Harrison 18/e p793; Sabiston 19/e p1888; Schwartz 9/e p1541

84. Dumbbell tumor is seen in: (GB Pant 2011)
a. Meningioma
b. Neurofibroma
c. Ependymoma
d. Thymoma

85. Vestibular schwannoma arises most frequently from:
a. Superior vestibular nerve (All India 2011)
b. Inferior vestibular nerve
c. Cochlear nerve
d. Facial nerve
Ref: Harrison 18/e p3388-3389; Sabiston 19/e p1889; Schwartz 9/e p1541; Bailey 26/e p616, 25/e p700

Ans.
69. c. Extradural **70.** a. Glioma **71.** d. Neuroblastoma **72.** a. Frontal lobe tumours
73. c. Skull bone tumors **74.** d. Ependymoma **75.** a. Schwannoma **76.** a. PET scan
77. c. Medulloblastoma **78.** c. Gd enhanced MRI **79.** d. Popcorn like lesion **80.** d. Neuropsychological…
81. a. Nelson syndrome **82.** a. Brain tumor **83.** c. Hemangioblastoma **84.** b. Neurofibroma
85. a. Superior vestibular…

8. HEAD AND NECK

- A. Oral Cavity
- B. Salivary Glands
- C. Neck
- D. Facial Injuries and Abnormalities

HEAD AND NECK (QUESTIONS)

A. ORAL CAVITY

1. Second primary tumor of head and neck is most commonly seen in malignancy of: (AIIMS May 2012)
   a. Oral cavity
   b. Larynx
   c. Hypopharynx
   d. Paranasal sinuses

Ref: Second primary malignancies in patients with head and neck cancers by Sandeep Samant, Head and Neck 2005; 27; 1042

2. The commonest site of oral cancer among Indian population is: (All India 2004)
   a. Tongue
   b. Floor of mouth
   c. Alveobuccal complex
   d. Lip

Ref: Bailey 26/e p709-710, 25/e p734, 738; Devita 9/e p729; Cancer of the Head and Neck by Suen and Myer 4/e p

3. Most common site of oral cavity carcinoma is: (All India 2002)
   a. Lip
   b. Cheek
   c. Tongue
   d. Palate

4. Areas of carcinoma of oral mucosa can be identified by staining with: (PGI 2001)
   a. 1% zinc chloride
   b. 2% silver nitrate
   c. Gentian violet
   d. 2% toluidine blue

Ref: www.headandneckoncology.org/content/1/1/5

5. Asymptomatic hemangioma on ventral surface of the tongue in a 10 years old boy is treated by:
   a. Watchful expectancy
   b. Surgical Excision
   c. Radiotherapy
   d. Laser *Ref: Bailey 25/e p716, 717*

6. Pharyngocutaneous fistula is seen in all except: (AIIMS June 2004)
   a. Chemotherapy
   b. Surgery
   c. No wound care
   d. Radiotherapy

Ref: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2640019/

7. Gum tumour with 2 contralateral mobile lymph nodes in neck come under: (PGI Dec 2005)
   a. T3 N2 M0
   b. T2 N2 M0
   c. T4 N2 M0
   d. T3 N3 M0

8. Epulis arises from: (PGI Dec 2007)
   a. Enamel
   b. Root of teeth
   c. Gingiva
   d. Pulp

9. A patient has small, oval multiple ulcers in oral cavity with red erythematous margins. The diagnosis is:
   a. Carcinoma (AIIMS Nov 2003)
   b. Aphthous ulcer
   c. Tubercular ulcer
   d. Syphilitic ulcer *Ref: Robbins 8/e p724*

10. Multiple painful ulcers on tongue are seen in all except:
   a. Aphthous ulcer (All India 2000)
   b. Tuberculous ulcers
   c. Herpes ulcers
   d. Carcinomatous ulcers

11. Painless ulcer of the tongue is due to: (PGI 2007)
   a. Dyspepsia
   b. Syphilis
   c. Tuberculosis
   d. None of the above *Ref: Robbins 8/e p374*

12. Reparative granuloma of jaw is treated by: (DPG 2009 Feb)
   a. Antibiotics
   b. Wedge resection
   c. Resection and bone grafting
   d. Curettage *Ref: medind.nic.in/ibn/t06/i4/ibnt06i4p677*

13. Treatment of T4N0M0 stage of head and neck carcinoma is:
   a. Surgery alone (DNB 2009)
   b. Radiotherapy alone
   c. Chemoradiation
   d. Surgery and radiotherapy

Ref: Mastery of Surgery 5/e p308; Bailey 26/e p716, 25/e p740

14. Abbe-Estlander flap is used for: (All India 2008)
   a. Lip
   b. Tongue
   c. Eyelid
   d. Ears

Ref: Bailey 26/e p712-713, 25/e p740-741; Devita 9/e p744-745; Cancer of the Head and Neck by Suen and Myer 4/e p301-302

15. Abbey Estlander flap is based on: (AIIMS May 2008)
   a. Lingual artery
   b. Facial artery
   c. Labial artery
   d. Internal maxillary artery

Ref: Bailey 26/e p713, 25/e p741; Devita 9/e p744; Cancer of the Head and Neck by Suen and Myer 4/e p301-302

16. Carcinoma of lip is characterized by the following except that:
   a. 90% of the lip cancers occurs on the lower lip
   b. The most common site of origin is the vermillion border
   c. 2 cm x 2 cm cell carcinomas can be treated by V shaped excision and primary closure (UPSC 2007)
   d. Since lymph node metastases are common after a radical dissection of neck is mandatory

Ans.	**1.** a. Oral cavity	**2.** c. Alveobuccal complex	**3.** c. Tongue	**4.** d. 2% toluidine blue
	5. a. Watchful expectancy	**6.** a. Chemotherapy	**7.** a, c, and d.	**8.** c. Gingiva
	9. b. Aphthous ulcer	**10.** d. Carcinomatous ulcer	**11.** b. Syphilis	**12.** d. Curettage
	13. d. Surgery +…	**14.** a Lip:	**15.** c. Labial artery	**16.** d. Since lymph node…

17. Stain used to diagnose premalignant lesions of lip is: (DNB 2011, 2006)

a. Crystal violet
b. H and E
c. Toluidine blue
d. Giemsa

Ref: Indian Journal od Dental Research 2007; vol-18; Issue 3; p103-105

18. Treatment of choice for carcinoma of lip of less than 1 cm is: (Kerala 2003)

a. Radiation
b. Chemotherapy
c. Excision
d. Radiation and Chemotherapy

19. A patient has carcinoma of tongue in the right lateral aspect with lymph node of 4 cm size in level 3 on the left side of neck, what is the stage: (AIIMS Nov 2006)

a. N0
b. N1
c. N2
d. N3

20. A patient presented with a 1 X 1.5 cms growth on the lateral border of the tongue. The treatment indicated would be: (AIIMS June 2002)

a. Laser ablation
b. Interstitial brachytherapy
c. External beam radiotherapy
d. Chemotherapy

Ref: Bailey 26/e p713-714, 25/e p741-743; Devita 9/e p747-749, 752-754; Cancer of the Head and Neck by Suen and Myer 4/e p297-301

21. A patient with CA tongue is found to have lymph nodes in the lower neck. The treatment of choice for the lymph nodes is: (All India 2005)

a. Lower cervical neck dissection
b. Suprahyoid neck dissection
c. Tele radiotherapy
d. Radical neck dissection

Ref: Bailey 26/e p709, 25/e p740; Devita 9/e p748; Cancer of the Head and Neck by Suen and Myer 4/e p299

22. Carcinoma of tongue most commonly occur at: (MCI March 2009)

a. Dorsum
b. Lateral border of anterior 2/3rd
c. Lateral border of posterior 1/3rd
d. Tip

23. Most common histological type of carcinoma of base of tongue: (MCI March 2007)

a. Squamous cell carcinoma
b. Adenocarcinoma
c. Basal cell carcinoma
d. Transitional cell carcinoma

24. Tongue ulcer with everted edges is: (MHPGMCET 2005, 2001)

a. Aphthous ulcer
b. Tubercular
c. Malignant
d. Dental

Ref: Bailey 25/e p595

25. Commonest site of carcinoma tongue: (All India 2000)

a. Apical
b. Lateral borders
c. Dorsum
d. Posterior 1/3rd
e. Faucio lingual

26. Commonest site of carcinoma tongue is: (TN 2007)

a. Dorsum
b. Ventral aspects
c. Anterior 2/3rd lateral aspect
d. Tip

27. Carcinoma tongue less than 2 cm is treated by: (JIPMER 2008)

a. Excision
b. Radiotherapy
c. Chemotherapy
d. Excision and Radiotherapy
e. Excision and Chemotherapy

28. A 60-years old man presents with an ulcer on lateral margin of tongue also complains of ear pain, most probable diagnosis is: (PGI 2006)

a. Dental ulcer
b. Carcinomatous ulcer
c. Tuberculosis ulcer
d. Syphilitic ulcer

29. Carcinoma of the tongue: (JIPMER 2001)

a. Occurs most commonly on the lateral border of the middle third of tongue
b. Metastasize readily to cervical lymph nodes
c. Is usually radiosensitive
d. Treated surgically should include homolateral neck dissection except for very small lesion
e. All of the above

30. Which is not true of carcinoma tongue: (DPG 2010)

a. Lateral border is involved
b. Cervical lymph node involvement
c. Commonly adenocarcinoma
d. Tobacco chewing is a risk factor

31. The commando operation is: (JIPMER 2007)

a. Abdomino-perineal resection of the rectum for carcinoma
b. Disarticulation of the hip for gas gangrene of the leg
c. Extended radical mastectomy
d. Excision of carcinoma of the jaw and lymph nodes en-bloc

Ref: Cancer of the Head and Neck by Suen and Myer 4/e p291

32. Treatment for stage T3N1 of carcinoma maxilla is: (DNB 2012)

a. Radiation therapy only
b. Chemotherapy only
c. Surgery and radiation
d. Chemotherapy and radiation

Ref: Bailey 26/e p718, 25/e p746-747; Devita 9/e p768-771; Cancer of the Head and Neck by Suen and Myer 4/e p179

33. The lymph not to be involved first in maxillary carcinoma: (DNB 2007)

a. Superior deep cervical nodes
b. Jugulodiagastric nodes
c. Submandibular
d. Subdiagastric nodes

Ref: Grays 39/e p577

Ans.

17. c. Toluidine blue
18. c. Excision
19. c. N2
20. b. Interstitial brachytherapy
21. d. Radical neck…
22. b. Lateral border of…
23. a. Squamous cell…
24. c. Malignant
25. b. Lateral borders
26. c. Anterior 2/3rd lateral aspect
27. a. Excision
28. b. Carcinomatous ulcer
29. e. All of the above
30. c. Commonly…
31. d. Excision of carcinoma…
32. c. Surgery and radiation
33. c. Submandibular…

34. True statement (s) about oral cancer is/are: (PGI June 2004)
a. Most common in buccal mucosa
b. Metastasis uncommon
c. Respond to radiotherapy
d. Surgery done
e. Syphilis and dental irritation predisposes

Ref: Bailey 26/e p716, 25/e p744; Devita 9/e p749; Cancer of the Head and Neck by Suen and Myer 4/e p302-305

35. Metastasis of CA buccal mucosa goes to:
a. Regional lymph node
b. Liver (AIIMS Nov 2002)
c. Heart
d. Brain

36. In carcinoma cheek, what is the best drug for single drug chemotherapy: (AIIMS June 2003)
a. Vincristine
b. Cyclophosphamide
c. Cisplatin
d. Daunorubicin

Ref: Bailey 26/e p720, 25/e p748; Devita 9/e p749; Cancer of the Head and Neck by Suen and Myer 4/e p291-292

37. An old man who is edentulous developed squamous cell carcinoma in buccal mucosa that has infiltrated to the alveolus. Following is not indicted in treatment:
a. Radiotherapy (All India 2002)
b. Segmental mandibulectomy
c. Marginal mandibulectomy involving removal of the outer table only
d. Marginal mandibulectomy involving removal of upper half of mandible

38. A patient with cheek cancer has a tumour of 2.5 cm located close to and involving the lower alveolus. A single mobile ipsilateral lymph node measuring 6 cm is palpable. The TNM stage is: (ComedK 2008)
a. T1N1M0
b. T2N2M0
c. T2N1M0
d. T4N2M0

39. In the reconstruction following excision of previously irradiated cheek cancer, the flap will be:
a. Local tongue (DNB 2013)
b. Cervical
c. Forehead
d. Pectoralis major myocutaneous

Ref: Bailey 26/e p716, 25/e p744; Devita 9/e p749; Cancer of the Head and Neck by Suen and Myer 4/e p302-305

40. Regarding premalignant oral lesions: (ComedK 2005)
a. Leukoplakia should be proved by biopsy
b. Leukoplakia does not disappear after cessation of smoking
c. Erythroplakia has a higher risk for malignancy
d. Oral submucous fibrosis is seen in all parts of the world

Ref: Bailey 26/e p707-708, 25/e p735-737; Devita 9/e p564; Cancer of the Head and Neck by Suen and Myer 4/e p284-285

41. The most strongly implicated premalignant condition of the oral cavity is: (ComedK 2010)
a. Fordyce spots
b. Erythroplakia
c. Median rhomboid glossitis
d. Erythema multiforme

42. Treatment of leukoplakia: (JIPMER 2011)
a. Local excision
b. Excision and radiotherapy
c. Topical chemotherapy
d. Repositioning of ill fitting dentures

43. Risk factor for oropharyngeal carcinoma: (PGI May 2011)
a. Sideropenic dysphagia
b. Oral submucous fibrosis
c. Erythroplakia
d. Leukoplakia
e. Chronic hypertrophic candidiasis

Ref: Bailey 26/e p708-709, 25/e p734; Devita 9/e p729; Cancer of the Head and Neck by Suen and Myer 4/e p281-283

44. Treatment of Erythroplakia: (MHSSMCET 2007)
a. Excision
b. Stoppage of alcohol and tobacco
c. Vitamin supplementation
d. Laser ablation

45. All of the following predisposes to oral cancer, except:
a. Erythroplakia (Orissa 2011)
b. Leukoplakia
c. Submucosal fibrosis
d. Lichen planus

46. Saroj, a 32-years old female, from rural background presented with a history of chronic tobacco chewing since 14 year of age. Now she has difficulty in opening her mouth. On oral examination, no ulcers are seen. Most probable diagnosis is: (AIIMS June 2001)
a. Submucous oral fibrosis
b. Carcinoma of buccal mucosa
c. TM joint arthritis
d. Trigeminal nerve paralysis

Ref: Bailey 26/e p708, 25/e p737; Devita 9/e p729

47. Virus causing head and neck cancer: (PGI Nov 2011)
a. EBV
b. HSV
c. HPV
d. HBV
e. HCV

48. All of the following predispose to squamous cell carcinoma, except: (AIIMS June 2008)
a. Lichen planus of mouth
b. Bowen's disease
c. Inverted papilloma of nose
d. Chronic irritation of oral mucosa by jagged teeth

49. The pre-malignant condition with the highest probability of progression to malignancy is: (All India 2002)
a. Dysplasia
b. Hyperplasia
c. Leukoplakia
d. Erythroplakia

Ans.	**34.** b, c, d, and e.	**35.** a. Regional lymph node	**36.** c. Cisplatin	**37.** c. Marginal mandibulectomy…
	38. d. T4N2M0	**39.** d. Pectoralis major…	**40.** c. Erythroplakia has a…	**41.** b. Erythroplakia
	42. d. Repositioning of…	**43.** a, b, c, d, and e.	**44.** a. Excision	**45.** d. Lichen planus
	46. a. Submucous…	**47.** a. EBV, c. HPV	**48.** a. Lichen planus of mouth	**49.** d. Erythroplakia

50. The commonest pre-malignant condition of oral cancer is: (All India 2002)
- a. Leukoplakia
- b. Aphthous ulcer
- c. Lichen planus
- d. Erthro-leukoplakia

51. Predisposing factors for development of oral carcinoma is: (JIPMER 2003)
- a. Smoking
- b. Alcohol
- c. Syphilis
- d. All of the above

52. Not a carcinogenic for cancer of Head and Neck: (PGI 2006)
- a. Alcohol
- b. Smoking
- c. Tobacco
- d. Unflourinated water

53. A 70-years old male presented with asymptomatic white patch on oral cavity following application of the denture. Treatment of choice is: (UPPG 2008)
- a. Low does radiotherapy
- b. Biopsy of the all the tissues
- c. Ascertaining that denture is fitted properly
- d. Antibiotics

54. All are true about carcinoma palate, except: (AIIMS June 2008)
- a. Slow growing
- b. Bilateral lymphatic spread
- c. Adenocarcinoma
- d. Presents with pain

Ref: Bailey 26/e p718, 25/e p746-747; Devita 9/e p750; Cancer of the Head and Neck by Suen and Myer 4/e p311-313

55. Trismus in oral cancer patients is severe in those treated with: (Karnataka 2000)
- a. Surgery and Radiotherapy
- b. Chemotherapy alone
- c. Surgery alone
- d. Not related to treatment

Ref: Bailey 25/e p750; en.wilkipedia.org/wiki/trismus

56. A 80-years old patient presents with a midline tumor of the lower jaw, involving the alveolar margin. He is endentulous. Treatment of choice is: (All India 2001)
- a. Hemimandibulectomy
- b. Commando operation
- c. Segmental mandibulectomy
- d. Marginal mandibulectomy

Ref: Devita 9/e p746; Cancer of the Head and Neck by Suen and Myer 4/e p293-294

57. Which of the following statements best represent Ludwig's angina: (AIIMS May 2005)
- a. A type of coronary artery spasm
- b. An infection of the cellular tissues around submandibular salivary gland
- c. Esophageal spasm
- d. Retropharyngeal infection

Ref: Bailey 26/e p703, 25/e p731

58. All are true about cancrum oris except: (PGI Dec 2007)
- a. Associated with malnutrition and vitamin deficiency
- b. Follows chronic infection
- c. Involves jaw
- d. Treatment is excision and skin grafting with tubed pedicle graft

Ref: www.ncbi.nlm.nih.gov

59. The most frequent tooth to be impacted is: (UPSC 2007)
- a. Lower third molar
- b. Lower canine
- c. Upper third molar
- d. Upper premolar

Ref: Scott-Brown's Otorhinolaryngology 7/e p1924-1925

60. Impacted wisdom teeth may produce referred pain via: (Orissa 2000)
- a. Lingual nerve
- b. Facial nerve
- c. Branch of the auriculotemporal nerve
- d. None of the above

Ref: Scott-Brown's Otorhinolaryngology 7/e p1924-1925

61. Radiographic finding of floating teeth can be seen in: (Karnataka 2002)
- a. Ectodermal dysplasia
- b. Cleidocranial dysplasia
- c. Osteopetrosis
- d. Histiocytosis-X

Ref: Sutton 7/e p1542

62. The most common cyst of the oral region is: (DPG 2008)
- a. Dentigerous cyst
- b. Keratosis cyst
- c. Dermoid cyst
- d. Periapical cyst

Ref: Scott-Brown's Otorhinolaryngology 7/e p1924-1925

63. Dentigerous cyst arises from: (DPG 2009 Feb, MHPGMCET 2003)
- a. The root of a caries tooth
- b. The periosteum of the fractured mandible
- c. An unerupted permanent tooth
- d. The sequestrum of osteomyelitis of mandible

Ref: Scott-Brown's Otorhinolaryngology 7/e p1924-1925

64. Which jaw cyst is premalignant: (AIIMS May 2012)
- a. Nasopalatine cyst
- b. Radicular cyst
- c. Odontogenic keratocyst
- d. Dentigerous cyst

Ref: Scott-Brown's Otorhinolaryngology 7/e p1924, 1925

65. What are Rushton bodies: (DNB 2012)
- a. Hyaline bodies of odontogenic cyst
- b. Refractile bodies of radicular cyst
- c. Bodies seen in ameloblastoma
- d. Hyaline bodies seen in dentigerous cyst

Ref: Shafers 6/e p268

Ans.	**50.** a. Leukoplakia	**51.** d. All of the above	**52.** d. Unflourinated water	**53.** c. Ascertaining that denture…
	54. d. Presents with pain	**55.** a. Surgery and Radiotherapy	**56.** c. Segmental…	**57.** b. An infection of the cellular…
	58. b. Follows chronic…	**59.** a. Lower third molar	**60.** c. Branch of the…	**61.** d. Histiocytosis-X
	62. d. Periapical cyst	**63.** c. An unerupted…	**64.** c. Odontogenic keratocyst	**65.** a. Hyaline bodies of…

B. SALIVARY GLANDS

1. Regarding pleomorphic adenoma of salivary gland true statement(s) is/are: (PGI Dec 2008)
a. Parotid gland is most commonly involved
b. Malignant transformation does not occur
c. Also called mixed tumour
d. More commonly found in men than women
e. Superficial parotidectomy is treatment of choice
Ref: Bailey 26/e p732, 25/e p761; Devita 9/e p774; Cancer of the Head and Neck by Suen and Myer 4/e p414

2. True regarding benign mixed parotid tumour is: (DNB 2005)
a. Slow growing and lobular
b. Firm and capsulated
c. 50% of parotid tumour
d. All of the above

3. Most common tumor of parotid gland: (MHPGMCET 2007)
a. Warthin's tumor
b. Pleomorphic adenoma
c. Adenocarcinoma
d. Hemangioma

4. Treatment of choice for pleomorphic adenoma: (MHPGMCET 2007)
a. Enucleation
b. Radiotherapy
c. Excision of tumor (surgical removal)
d. Radical parotidectomy

5. Treatment of choice for pleomorphic adenoma: (DNB 2008, DPG 2008, MCI Sept 2010, 2007, AIIMS Nov 2001)
a. Superficial parotidectomy
b. Radical parotidectomy
c. Enucleation
d. Radiotherapy

6. Ramavati, a 40-years old female presented with a progressively increasing lump in the parotid region. On oral examination, the tonsil was pushed medially, Biopsy showed it to be pleomorphic adenoma. The appropriate treatment is: (AIIMS June 2001)
a. Superficial parotidectomy
b. Lumpectomy
c. Conservative total parotidectomy
d. Enucleation

7. In case of benign mixed parotid tumors, treatment of choice is: (PGI June 2000)
a. Superficial parotidectomy
b. Total parotidectomy
c. Leave facial nerve and remove all gland
d. Radical Parotidectomy

8. All are true for pleomorphic adenoma except: (PGI Dec 2007)
a. Arises from parotid
b. May turn into malignant
c. Minor salivary glands involved
d. None
Ref: Robbins 8/e p758

9. Mixed tumors of the salivary glands are: (All India 2006)
a. Most common in submandibular gland
b. Usually malignant
c. Most common in parotid gland
d. Associated with calculi

10. Which of the following is an indication of radiotherapy in pleomorphic adenoma of parotid: (All India 2004)
a. Involvement of deep lobe
b. 2nd histologically benign recurrence
c. Microscopically positive margins
d. Malignant transformation
Ref: Devita 9/e p776; Cancer of the Head and Neck by Suen and Myer 4/e p499-501

11. Mixed parotid tumour arises from: (DPG 2002)
a. Epithelium
b. Epithelium + Mesenchymal
c. Mesenchymal
d. None of the above

12. Which of the following best represents 'ranula': (AIIMS May 2005)
a. A type of epulis
b. A thyroglossal cyst
c. Cystic swelling in the floor of mouth
d. Forked uvula
Ref: Bailey 25/e p754

13. What is ranula: (DNB 2007, 2005)
a. Retention cyst of sublingual gland
b. Retention cyst of submandibular gland
c. Extravasation cyst of sublingual glands
d. Extravasation cyst of submandibular glands

14. Which of the following is not true about ranula: (MHSSMCET 2010)
a. Arises from sublingual salivary glands
b. Pseudocyst
c. Appearance is like "Frog's belly"
d. None

15. Excision of ranula is associated with injury to: (DNB 2010, MHSSMCET 2007)
a. Lingual nerve
b. Lingual artery
c. Parotid gland
d. Submandibular duct
Ref: Clinical Surgery by Rob's and Smith vol-9/56

16. Which of the following statements about 'ranula' is most correct: (All India 2011)
a. It is type of epulis
b. It is a cystic swelling in the floor of mouth
c. It is a type of thyroglossal cyst
d. It is a type of mucus retention cyst

Ans.
1. a, c, and e. **2.** d. All of the above **3.** b. Pleomorphic adenoma **4.** c. Excision of tumor…
5. a. Superficial… **6.** c. Conservative total… **7.** a. Superficial parotidectomy **8.** d. None
9. c. Most common in… **10.** c. Microscopically positive… **11.** b. Epithelium + … **12.** c. Cystic swelling in the…
13. c. Extravasation… **14.** d. None **15.** d. Submandibular duct **16.** b. It is a cystic swelling…

17. True statement regarding Warthin's tumor: (JIPMER 2010)
- a. Common in females
- b. Most malignant
- c. Hot spots on Tc-99 scan
- d. Most common tumor of minor salivary gland

Ref: Bailey 25/e p761; Devita 9/e p774; Cancer of the Head and Neck by Suen and Myer 4/e p414

18. Exclusively found in parotid gland: (PGI May 2011)
- a. Warthin's tumor
- b. Acinic cell
- c. Pleomorphic
- d. Adenocarcinoma
- e. Mucoepidermoid

19. Warthin's tumour is:(DNB 2012, AIIMS May 2005, June 2003)
- a. An adenolymphoma of parotid gland
- b. A pleomorphic adenoma of parotid
- c. A carcinoma of the parotid
- d. A carcinoma of submandibular salivary gland

20. Treatment of choice for Warthin's tumour: (AIIMS Nov 2001)
- a. Superficial parotidectomy
- b. Enucleation
- c. Radiotherapy
- d. Injection of a sclerosant agent

21. The most common tumour of the minor salivary gland is: (DNB 2013, COMEDK 2008)
- a. Mucoepidermoid carcinoma
- b. Acinic cell carcinoma
- c. Adenoid cystic carcinoma
- d. Pleomorphic adenocarcinoma

Ref: Bailey 26/e p723, 25/e p752; Devita 9/e p777-778; Cancer of the Head and Neck by Suen and Myer 4/e p487-489

22. Tumor with perineural invasion: (DNB 2009, AIIMS Nov 2010, MHSSMCET 2007)
- a. Adenocarcinoma
- b. Adenoid cystic carcinoma
- c. Basal cell carcinoma
- d. Squamous cell carcinoma

23. All the following tumors can spread perineurally except: (MHSSMCET 2007)
- a. Adenoid cystic carcinoma of salivary gland
- b. Carcinoma gall bladder
- c. Hilar cholangiocarcinoma
- d. None of the above

Ref: Bailey 25/e p752; Devita 9/e p778, 1021, 1037; Cancer of the Head and Neck by Suen and Myer 4/e p488

24. Which among the following parotid tumor spreads through neural sheath: (NEET Pattern, DNB 2013, AIIMS June 97, 96)
- a. Mixed parotid tumor
- b. Adenoid cystic carcinoma
- c. Squamous cell carcinoma
- d. Oxyphillic lymphoma

25. The most common tumor of the minor salivary gland is: (COMEDK 2008)
- a. Mucoepidermoid carcinoma
- b. Acinic cell carcinoma
- c. Adenoid cystic carcinoma
- d. Pleomorphic adenocarcinoma

26. Swiss cheese pattern is seen in: (DPG 2007)
- a. Warthin's tumor
- b. Adenoid cystic carcinoma
- c. Pleomorphic adenoma
- d. Mucoepidermoid carcinoma

27. Adenoid cystic carcinoma of parotid gland all are true except: (UPPG 2010)
- a. Most common malignant tumour of minor salivary gland
- b. Most common submandibular gland tumour
- c. Spreads perineurally
- d. Local recurrence is common
- e. Radiotherapy is the treatment of choice

28. Most common malignant tumour of parotid is: (DNB 2011, 2010, DPG 2008)
- a. Epidermoid carcinoma
- b. Mucoepidermoid carcinoma
- c. Squamous cell carcinoma
- d. Adenocarcinoma

Ref: Bailey 26/e p732, 25/e p761; Devita 9/e p774-777; Cancer of the Head and Neck by Suen and Myer 4/e p489

29. Most common malignant tumour of salivary glands in adults and children: (Punjab 2007)
- a. Acinic cell carcinoma
- b. Mucoepidermoid carcinoma
- c. Mixed parotid tumour
- d. Adenoid cystic carcinoma

30. Mucoepidermoid carcinoma arises form: PGI June 2007)
- a. Myothelium
- b. Epithelium
- c. Acinus
- d. Mucin secreting and epidermal cells

31. Mucoepidermoid carcinoma of parotid arises from: (PGI June 2004)
- a. Secretory cells
- b. Excretory cells
- c. Myoepithelial cells
- d. Myofibril

32. Mucoepidermoid carcinoma is seen in: (MHSSMCET 2005)
- a. Sebaceous gland
- b. Pancreas
- c. Parotid gland
- d. All

33. Commonest salivary gland to get stones: (DNB 2011, 2003, DPG 2006, MCI March 2005, 2007)
- a. Parotid
- b. Submandibular
- c. Minor salivary gland
- d. Sublingual

Ref: Bailey 26/e p732, 25/e p755

34. In which one of the following conditions the sialography is contraindicated: (All India 2005)
- a. Ductal calculus
- b. Chronic parotitis
- c. Acute parotitis
- d. Recurrent sialedenitis

Ref: Bailey 25/e p755

Ans.
17. . Hot spots on…
18. a. Warthin's tumor, b. Acinic…
19. a. An adenolymphoma…
20. a. Superficial parotidectomy
21. c. Adenoid cystic…
22. b. Adenoid cystic carcinoma
23. d. None of the above
24. b. Adenoid cystic carcinoma
25. c. Adenoid cystic…
26. b. Adenoid cystic carcinoma
27. b. Most common…
28. b. Mucoepidermoid carcinoma
29. b. Mucoepidermoid…
30. d. Mucin secreting and…
31. a. Secretory cells
32. c. Parotid gland
33. d. Submandibular
34. c. Acute parotitis

35. Treatment of submandibular salivary gland duct calculi is: (TN 2000)
a. Excision of submandibular gland
b. Opening the duct at the frenulum
c. Opening the duct and removal of calculus
d. Excision of gland and duct

36. All of the following statement regarding stones in the submandibular gland are true except: (MCI March 2007)
a. 80% of stones occur in the submandibular gland
b. Majority of submandibular stones are radioluscent
c. Stones are the most common cause of obstruction within the submandibular gland
d. Patient presents with acute swelling in the region of the submandibular gland

37. Acinic cell carcinomas of the salivary gland arise most often in the: (All India 2006)
a. Parotid gland
b. Minor salivary glands
c. Submandibular gland
d. Sublingual gland

Ref: Devita 9/e p774; Cancer of the Head and Neck by Suen and Myer 4/e p489-490

38. After removal of parotid gland, patient is having sweating on the cheeks while eating. In this complication seen after parotidectomy, the auriculotemporal nerve which contains parasympathetic secretomotor fibers to parotid gland is fused with which nerve: (AIIMS May 2012)
a. Greater petrosal nerve
b. Facial nerve
c. Greater auricular nerve
d. Buccal nerve

Ref: Grays 40th/436; Bailey 26/e p734, 25/e p763-764

39. Management of Frey's syndrome include following except: (MHSSMCET 2010, 2008)
a. Botulinum toxin
b. Temporal fascial graft
c. Aluminum chloride
d. Antiperspirants

Ref: Bailey 25/e p763-764; Cancer of the Head and Neck by Suen and Myer 4/e p498

40. The 'Starch iodine test' is useful to diagnose: (MHSSMCET 2011)
a. Wegener's granulomatosis
b. Cat scratch disease
c. Sarcoidosis
d. Frey's syndrome

41. Which of the following in not true regarding radical parotidectomy: (MHSSMCET 2009)
a. In radical parotidectomy the facial nerve is preserved
b. Anesthesia of the ear lobe due to sectioning of the great auricular nerve can occur
c. Gustatory sweating (Frey's syndrome) can occur
d. None

Ref: Bailey 26/e p734, 25/e p763; Cancer of the Head and Neck by Suen and Myer 4/e p495

42. Which of the following group constitute Frey's syndrome: (Karnataka 2007)
a. Hyperhydrosis, enophthalmos and miosis
b. Anhidrosis, enophthalmos and miosis
c. Redness and sweating over the auriculotemporal during meal
d. Pain over the distribution of the auriculotemporal nerve during meal

43. The nerve sacrificed in parotid surgery: (DNB 2013)
a. Auriculotemporal
b. Facial
c. Buccal
d. Cervico facial

44. Which of the following is false about salivary gland tumors: (DPG 2008, 2007)
a. Pleomorphic adenoma is MC tumor of parotid
b. Adenoid cystic carcinoma MC occurs in minor salivary glands
c. Warthin's tumor is MC malignant tumor of salivary glands
d. Perineural invasion is seen is adenoid cystic carcinoma

45. True statement (s) about salivary gland tumors: (PGI June 2004)
a. Pleomorphic adenoma can arise in submandibular gland
b. Warthin's tumour arises from submandibular gland
c. Pleomorphic adenoma is most common tumour of submandibular gland
d. Acinic cell carcinoma is most malignant
e. Frey's syndrome is due to injury of auriculotemporal nerve

46. All of the following statements about lymphoe-pithelioma of the parotid gland are true, except: (All India 2009)
a. Parotid gland is the most common site of lymphoepithelioma in the head and neck region
b. It is associated with EBV infection
c. It is highly radiosensitive
d. It is a type of squamous cell carcinoma

Ref: Devita 9/e p729, 752, 774

47. Most of the parotid tumor are managed by: (All India 2004)
a. Total parotidectomy
b. Radical parotidectomy
c. Superficial parotidectomy
d. Radical parotidectomy and neck dissection

Ref: Bailey 26/e p733, 25/e p762; Devita 9/e p775-777; Cancer of the Head and Neck by Suen and Myer 4/e p494-501

48. All of the following are true regarding malignant salivary gland tumours except: (DNB 2010)
a. Painful
b. Present with skin ulceration
c. Cervical lymphadenopathy
d. Simple enucleation is treatment of choice

49. Newman and Seabrook's operation is used for: (PGI 2004)
a. Repair of parotid fistula
b. For parotid calculi
c. For carcinoma of tongue
d. For treatment of recurrent chronic parotitis

Ans.
35. c. Opening the duct… **36.** b. Majority of… **37.** a. Parotid gland **38.** c. Greater auricular…
39. b. Temporal fascial… **40.** d. Frey's syndrome **41.** a. In radical parotidectomy… **42.** c. Redness and…
43. b. Facial **44.** c. Warthin's tumor… **45.** a, c, and e. **46.** a. Parotid gland is…
47. c. Superficial… **48.** d. Simple enucleation **49.** a. Repair of parotid fistula

50. Which among the following is most common neoplasm of salivary gland: (All India 2002)
- a. Pleomorphic adenoma
- b. Adenoid cystic carcinoma
- c. Mucoepidermoid carcinoma
- d. Mixed tumour

Ref: Bailey 26/e p732-733, 25/e p757, 761; Devita 9/e p774; Cancer of the Head and Neck by Suen and Myer 4/e p480-490

51. Most common tumor of parotid gland is: (DNB 2008, 2000)
- a. Squamous cell carcinoma
- b. Pleomorphic adenoma
- c. Adenolymphoma
- d. None of the above

52. Best diagnostic modality for parotid swelling is: (AIIMS Nov 2007)
- a. Enucleation
- b. FNAC
- c. Superficial parotidectomy
- d. Excisional biopsy

53. True about parotid tumor: (PGI Nov 2010)
- a. Facial nerve involvement indicates malignancy
- b. Pleomorphic adenoma is MC variety
- c. Malignant disease is MC va9riety
- d. Superficial parotidectomy is the treatment of choice

54. About 50% the tumors are benign and even malignant tumors of this salivary gland are slow growing:
- a. Parotid gland
- b. Sublingual gland
- c. Submandibular gland
- d. All of the above

Ref: Bailey 26/e p723, 732-733, 25/e p757, 761; Devita 9/e p774-778; Cancer of the Head and Neck by Suen and Myer 4/e p480-490

55. Most common site of minor salivary gland tumor: (MHSSMCET 2005)
- a. Cheek
- b. Palate
- c. Sub-lingual gland
- d. Tongue

Ref: Bailey 25/e p752; Devita 9/e p777-778; Cancer of the Head and Neck by Suen and Myer 4/e p487-489

56. True regarding Sjogren's syndrome are all of the following except: (MCI Sept 2009)
- a. Autoimmune condition
- b. Males are commonly affected
- c. Progressive destruction of lacrimal and salivary gland
- d. No single laboratory investigation is pathognomonic

Ref: Robbins 8/e p222; Bailey 26/e p737, 25/e p766; Harrison 18/e p2770-2772

57. Sjogren's syndrome refers to disease of: (AIIMS 2002)
- a. Parotid glands
- b. Thyroid disease
- c. Parathyroid glands
- d. Multiple endocrine neoplasia

58. Biopsy of the parotid gland in a patient with Sjogren's disease shows: (JIPMER 2011)
- a. Neutrophils
- b. Lymphocytes
- c. Eosinophils
- d. Basophils

59. True about salivary gland: (PGI Dec 2006)
- a. There are more than 400 minor glands
- b. 90% of all parotid tumors are malignant
- c. 90% of minor salivary tumors are malignant
- d. Superficial parotidectomy done in parotid tumors
- e. Warthin's tumor common in parotid

Ref: Bailey 26/e p723, 25/e p752

60. Which of the following is not a landmark for facial nerve during parotid surgery: (All India 2008)
- a. Digastric muscle
- b. Inferior belly of omohyoid
- c. Tragal pointer
- d. Retrograde dissection of distal branch

Ref: Bailey 26/e p734, 25/e p763

61. The parotid duct is known as: (APPG 2003)
- a. Wharton's duct
- b. Stenson's duct
- c. Duct of Santorini
- d. Duct of Wirsung

Ref: Bailey 26/e p723, 726, 729, 25/e p752-754; Cancer of the Head and Neck by Suen and Myer 4/e p495

62. Nerve which lies in association to Wharton's duct is: (AIIMS 87)
- a. Hypoglossal
- b. Lingual
- c. Facial
- d. Spinal accessory

Ref: Bailey 26/e p726, 25/e p755

63. Inflammatory enlargement of deep lobe of parotid gland is seen in: (DPG 2004)
- a. Posterior pharyngeal wall
- b. Supratonsillar area
- c. Anterior tonsillar pillar
- d. Tonsillar fossa/bed

Ref: BDC 4/e pvol III/136, 217

64. Which of the following nerves lies closest of the Whartson's duct: (COMEDK 2007)
- a. Hypoglossal
- b. Lingual
- c. Chorda tympani
- d. Facial

65. Structure exposed after parotid surgery is: (DPG 2008)
- a. Internal jugular vein
- b. Facial nerve
- c. Muscles
- d. Facial artery

Ref: Bailey 26/e p734, 25/e p758

Ans.	**50.** a. Pleomorphic…	**51.** b. Pleomorphic adenoma	**52.** b. FNAC	**53.** a, b and d.
	54. a. Parotid gland	**55.** b. Palate	**56.** b. Males are commonly…	**57.** a. Parotid glands
	58. b. Lymphocytes	**59.** a, c, d, and e.	**60.** b. Inferior belly of…	**61.** b. Stenson's duct
	62. b. Lingual	**63.** d. Tonsillar fossa/bed	**64.** b. Lingual	**65.** b. Facial nerve

66. All of the following are anatomical markers for localization of facial nerve during parotid surgery, except: (DPG 2008)
a. Posterior belly of digastric
b. Mastoid process
c. Inferior belly of omohyoid
d. Bony external auditory meatus

67. In submandibular gland surgery, the nerve least likely to be injured is: (DPG 2011, JIPMER 2002)
a. Inferior alveolar nerve
b. Hypoglossal nerve
c. Lingual nerve
d. Mandibular branch of facial nerve

Ref: Bailey 25/e p755

68. Most common location of ectopic submandibular salivary gland tissue is: (MCI Sept 2009, UPPG 2002)
a. Cheek
b. Palate
c. Angle of mandible
d. Tongue *Ref: Bailey 26/e p726, 25/e p755*

69. In surgery of submandibular salivary gland, nerve often involved: (PGI June 2007)
a. Hypoglossal
b. Glossopharyngeal
c. Facial
d. Lingual

70. Bacterial pyogenic parotitis affecting the parotid gland is most common after: (MCI March 2008)
a. Uveo-parotid fever
b. Mumps
c. Debilitation after major surgery
d. After administration of iodine

Ref: Bailey 26/e p730, 25/e p759-760

71. Bilateral parotid enlargement does not occur in:
a. Sjogren's syndrome (AIIMS Nov 2004)
b. Sarcoidosis
c. SLE
d. Chronic pancreatitis *Ref: Harrison 18/e p2108*

72. A bacterial pyogenic parotitis is found most commonly in which of the following: (Orissa 2002)
a. Mumps
b. Debilitation after major surgery
c. Drug reaction (iodine mumps)
d. Uveoparotid fever

73. Sialosis refers to: (Karnataka 2006)
a. Bilateral parotitis
b. Sjogren's syndrome
c. Non-inflammatory parotid enlargement
d. Bilateral salivary duct ectasia

Ref: Bailey 25/e p766

74. Ackerman's tumour is: (DPG 2008)
a. Mucoepidermoid carcinoma
b. Epidermoid carcinoma
c. Squamous cell carcinoma
d. Adenocarcinoma

Ref: Oxford textbook of oncology, Vol. I/1995/1046

75. Bilateral parotid enlargement is seen in: (DNB 2008)
a. Wegner's granulomatosis
b. Sjogren's syndrome
c. Kimura's disease
d. All of the above

Ans.
66. c. Inferior belly of… **67.** a. Inferior alveolar nerve **68.** c. Angle of mandible **69.** a, c, and d.
70. c. Debilitation after… **71.** c. SLE **72.** b. Debilitation after major… **73.** c. Non-inflammatory parotid…
74. c. Squamous cell…… **75.** d. All of the above

C. NECK

1. Cystic hygroma may be associated with: (MCI March 2005)
- a. Turner's syndrome
- b. Klinefelter's syndrome
- c. Down's syndrome
- d. All of the above

Ref: Sabiston 19/e p1819; Schwartz 9/e p1415; Bailey 26/e p701, 25/e p729

2. Brilliantly translucent swelling in the neck region in a 2 years child diagnosis is: (UPPG 2009)
- a. Lipoma
- b. Teratoma
- c. Cystic hygroma
- d. Thyroglossal cyst

3. Which is incorrect about cystic hygroma: (APPG 2008)
- a. Brilliantly translucent
- b. Radiotherapy
- c. Sclerotherapy with bleomycin
- d. Sclerotherapy with actinomycin

4. All are true about cystic hygroma except: (DPG 2010)
- a. Pulsatile
- b. May cause respiratory obstruction
- c. Common in neck
- d. Present in birth

5. True about cystic hygroma: (DPG 2008)
- a. Present in anterior triangle of neck
- b. Sclerosing agents are not useful
- c. Pre-operative MRI is crucial
- d. Surgery is always indicated

6. True regarding cystic hygroma is: (MCI March 2008)
- a. Always unilateral
- b. Brilliantly translucent
- c. Subsides itself
- d. Always presents at birth

7. Treatment of cystic hygroma includes: (PGI May 2011)
- a. Complete excision
- b. Marsupialization
- c. Repeated aspiration
- d. Injection of sclerosing agents
- e. Observation or regular follow up

8. Cystic hygroma is known to occur in all except: (Karnataka 2005, MHPGMCET 2002)
- a. Calf
- b. Neck
- c. Axilla
- d. Mediastinum

9. Which of the following is false regarding cystic hygroma: (MHPGMCET 2008)
- a. Brilliantly translucent lesion
- b. Surgical excision is treatment of choice
- c. Recurrence is common with percutaneous Picibanil therapy
- d. A cystic lesion containing blood filled spaces

10. True regarding cystic hygroma is: (AIIMS Nov 2003)
- a. Non transilluminant
- b. Lined by columnar epithelium
- c. Lined by stratified squamous epithelium
- d. Develops from jugular lymphatic sequestration

11. Which of the following is associated with cystic hygroma: (AIIMS Nov 2007)
- a. Marfan's syndrome
- b. Turner's syndrome
- c. Down's syndrome
- d. Noonans's syndrome

12. All are true about cystic hygroma except: (Punjab 2009)
- a. Aspiration is diagnostic
- b. 50% present at birth
- c. Presents as posterior cervical swelling
- d. Sequestration of lymphatic tissue

13. True about cystic hygroma: (PGI Dec 2000)
- a. Congenital sequestration of lymphatics
- b. Resolves spontaneously by 5 years of age
- c. Common in upper 1/3rd of lateral neck
- d. Surgery is the treatment of choice

14. The best treatment for cystic hygroma is: (All India 2003)
- a. Surgical excision
- b. Radiotherapy
- c. Sclerotherapy
- d. Chemotherapy

15. Cystic compressible, translucent swelling in the posterior triangle of neck: (DNB 2008)
- a. Cystic hygroma
- b. Branchial cyst
- c. Thyroglossal cyst
- d. Dermoid cyst

16. The brilliantly transilluminant tumour in the neck may be: (All India 2001)
- a. Branchial cyst
- b. Thyroglossal cyst
- c. Sternomastoid tumour
- d. Cystic hygroma

17. All are true about cystic hygroma except: (AMU 2002)
- a. Pulsatile
- b. May cause respiratory obstruction
- c. Common in neck
- d. Present at birth

18. Cystic hygroma: (SCTIMS 2007)
- a. Should be left alone
- b. Excision of cyst at an early age
- c. Spontaneous regression
- d. Manifests in 2nd - 3rd decade

Ans.
1. a. Turner's syndrome
2. c. Cystic hygroma
3. b. Radiotherapy
4. a. Pulsatile
5. c. Pre-operative…
6. b. Brilliantly translucent
7. a. and d.
8. a. Calf
9. d. A cystic lesion…
10. d. Develops from jugular…
11. b. Turner's syndrome
12. a. Aspiration is…
13. a. and d.
14. a. Surgical excision
15. a. Cystic hygroma
16. d. Cystic hygroma
17. a. Pulsatile
18. b. Excision of cyst at an…

19. Earliest tumour to appear after birth is: (JIPMER 2007)
a. Sternomastoid tumour
b. Cystic hygroma
c. Branchial cyst
d. Lymphoma

20. Precancerous lesion of the larynx include: (PGI 2006)
a. Keratosis laryngis
b. Pachydermia laryngis
c. Laryngis sicca
d. Sclerma *Ref: Schwartz 9/e p498; Scott-Brown 5/e p106*

21. True about branchial cyst: (PGI Nov 2011)
a. Arise from lower third of sternocleidomastoid
b. Peak age of presentation is 3rd decade
c. Cyst wall consists of lymphoid tissue
d. Fluid contains cholesterol crystal
e. Lined by squamous epithelium
Ref: Sabiston 19/e p834; Schwartz 9/e p1414-1415; Bailey 26/e p700-701, 25/e p727-729

22. Most frequent site of branchial cyst is at:
a. Upper third of posterior border of Sternocleidomastoid
b. Lower third of anterior border of Sternocleidomastoid
c. Upper third of anteromedial border of Sternocleidomastoid
d. Supraclavicular fossa (MHSSMCET 2005)

23. True about branchial anomaly: (AIIMS Nov 2006)
a. Cysts are more common than sinuses
b. For sinuses surgery is not always indicated
c. Cysts present with dysphagia and hoarseness of voice
d. Most commonly due to 2nd branchial remnant
Ref: Sabiston 19/e p834; Schwartz 9/e p1414-1415; Bailey 26/e p700-701, 25/e p727-729

24. True about branchial cyst: (PGI June 2007)
a. Seen deep to lower 1/3rd of sternocleidomastoid
b. Wall consists of lymphoid tissue
c. Filled with straw colored fluid with cholesterol crystals
d. Presents at birth

25. What is true about branchial cyst: (DPG 2007)
a. Present in anterior triangle of neck
b. Cauterization is done
c. Arises from 2nd cleft
d. Present in lower 3rd of neck

26. Branchial cyst arises from which branchial cleft:
a. First (MCI Sept 2009)
b. Second
c. Third
d. Fourth

27. The commonest site of branchial cysts is: (All India 2004)
a. Upper 1/3rd of the SCM
b. Lower 1/3rd of the SCM
c. Upper 2/3rd of the SCM
d. Lower 2/3rd of the SCM

28. The most common site of the internal opening of a branchial fistula is at the: (UPSC 2005)
a. Lateral nasopharyngeal wall
b. Fossa of Rosenmuller
c. Gingivo-labial sulcus
d. Tonsillar fossa

29. Commonest treatment of branchial cyst: (HPU 2005)
a. Cystectomy
b. Aspiration
c. Excision
d. Nothing done

30. Regarding cervical rib, which statement is correct:
a. It always connects to the scalene tubercle by a fibrous band (AIIMS 2002)
b. It passes through the apex of the supraclavicular triangle
c. It causes pressure on the ulnar nerve
d. Pain is often located in the forearm
Ref: Sabiston 19/e p1595; Bailey 26/e p872, 25/e p895

31. Adson's test is positive in: (Kerala 2003)
a. Cervical rib
b. Cervical spondylosis
c. Cervical fracture
d. Cervical dislocation

32. One of the following is an example of painless midline swelling: (AIIMS June 2007)
a. Branchial cyst
b. Thyroglossal cyst
c. Cystic hygroma
d. Carotid body tumour
Ref: Schwartz 9/e p1344; Sabiston 19/e p813-814; Bailey 26/e p702, 25/e p729-730

33. Excision of the hyoid bone is done in: (HPU 2005)
a. Branchial cyst
b. Branchial fistula
c. Thyroglossal cyst
d. Sublingual dermoids

34. Which is never a cause of thyroglossal fistula:
a. Infection of thyroglossal cyst (PGI 2001)
b. Inadequate removal of thyroglossal cyst
c. Congenital
d. None of the above
Ref: Sabiston 19/e p814; Schwartz 9/e p1414; Bailey 25/e p730

35. Thyroglossal fistula develops due to: (Kerala 2001)
a. Developmental anomaly
b. Injury
c. Incomplete removal of thyroglossal cyst
d. inflammatory disorder

36. Which of the following swelling moves on protrusion of tongue: (Rohtak 2000)
a. Thyroglossal cyst
b. Branchial cyst
c. Ranula
d. Cyst in hyoid bone
e. Odontogenous cyst

37. Hyoid bone is closely associated with: (All India 2008)
a. Bronchiogenic cyst
b. Cystic hygroma
c. Thyroglossal cyst/fistula
d. Branchial cyst

Ans. **19.** b. Cystic hygroma **20.** a and b **21.** b, c, d, and e **22.** c. Upper third of anteromedial…
23. d. Most commonly… **24.** b and c **25.** c. Arises from 2nd cleft **26.** b. Second
27. a. Upper 1/3rd of… **28.** d. Tonsillar fossa **29.** c. Excision **30.** c and d
31. a. Cervical rib **32.** b. Thyroglossal cyst **33.** c. Thyroglossal cyst **34.** c. Congenital
35. c. Incomplete… **36.** a. Thyroglossal cyst **37.** c. Thyroglossal cyst/fistula

38. In the management of thyroglossal cyst: (PGI Dec 2002)
a. Central portion of hyoid excised
b. Sternothyroid muscle dissected
c. Isthmusectomy with subtotal thyroidectomy
d. Strap muscles of neck are dissected

39. Structures not removed in radical neck dissection: (PGI June 2007)
a. X nerve
b. XI nerve
c. Tail of parotid
d. Parotid and post-auricular nerve

Ref: Sabiston 19/e p796-797; Schwartz 9/e p503-505; Bailey 26/e p720, 25/e p748-749; Cancer of the Head and Neck by Suen and Myer 4/e p416-418

40. Structures preserved in radical neck dissection is: (All India 2000)
a. Vagus nerve
b. Submandibular gland
c. Sternocleidomastoid
d. Internal jugular vein

41. Which structure is preserved during modified radical neck dissection: (DNB 2004)
a. Phrenic nerve
b. Submandibular gland
c. Sternocleidomastoid
d. Thoracic duct

42. In Post radical neck dissection shoulder syndrome, all are seen except: (AIIMS Nov 2008)
a. Restricted range of movement
b. Pain
c. Shoulder drooping
d. Normal electromyographic finding

Ref: Surgical Management of Neck Metastasis by Jack L Gluckman, Jonas T Johnson/53

43. Modified radical dissection of neck all structures are preserved except: (UPPG 2010)
a. Sternomastoid
b. External jugular vein
c. Internal jugular
d. Spinal accessory

44. Level V cervical nodes includes: (MCI Sept 2007)
a. Upper jugular nodes
b. Middle jugular nodes
c. Lower jugular nodes
d. Posterior triangle nodes

Ref: Sabiston 19/e p796-797; Schwartz 9/e p503; Bailey 25/e p738

45. In radical neck dissection, which structure is not removed: (MCI March 2005)
a. Cervical group of lymph nodes
b. Sternocleidomastoid muscle
c. Internal jugular vein
d. None of the above

46. Radical neck dissection included all except: (MHSSMCET 2005)
a. Sternocleidomastoid
b. Accessory nerve
c. Level III lymph nodes
d. Jugular vein

47. Posterior triangle LN is what level: (MHSSMCET 2009)
a. Level I
b. Level II
c. Level V
d. Level IV

48. In extended supraomohyoid neck dissection, lymph lode dissection is done upto: (MHSSMCET 2010)
a. 2
b. 3
c. 4
d. 5

Ref: Sabiston 19/e p796-797; Schwartz 9/e p503-505; Bailey 26/e p720, 25/e p748-749; Cancer of the Head and Neck by Suen and Myer 4/e p416-418

49. Structures preserved in modified radical neck dissection: (PGI May 2011)
a. Accessory nerve
b. Sternocleidomastoid muscle
c. Submandibular gland
d. Internal jugular vein
e. Omohyoid muscle

50. Structures not removed in functional neck dissection is: (AIIMS Nov 2003)
a. Carotid artery, vagus nerve
b. Sternomastoid muscle, internal jugular vein
c. Spinal accessory nerve, submandibular salivary gland
d. Neck nodes

51. Structures preserved in functional radical dissection of the neck: (AIIMS 2004)
a. Internal jugular vein
b. Sternomastoid
c. Lymph nodes
d. Accessory nerve

52. Radical dissection of neck includes all except: (JIPMER 80, DPG 89)
a. Cervical lymph nodes
b. Sternocleidomastoid
c. Phrenic nerves
d. Internal jugular vein

53. Trotters triad is seen in: (PGI 2003)
a. Angiofibroma
b. Nasopharyngeal carcinoma
c. Laryngeal carcinoma
d. Growth in fossa of Rosenmuller

Ref: Sabiston 19/e p808-810; Schwartz 9/e p502; Bailey 26/e p681-683, 25/e p709-710; Devita 9/e p764-766

54. Which of the following is the most common tumour to produce metastasis to cervical lymph nodes: (UPSC 2008)
a. Glottic carcinoma
b. Nasopharyngeal carcinoma
c. Carcinoma base of tongue
d. Carcinoma lip

Ans.	**38.** a. Central portion…	**39.** a, c, and d.	**40.** . Vagus nerve	**41.** c. Sternocleidomastoid
	42. d. Normal…	**43.** b. External jugular vein	**44.** d. Posterior triangle nodes	**45.** d. None of the above
	46. None	**47.** c. Level V	**48.** c. 4	**49.** a, b, and d.
	50. a. and b.	**51.** a, b, and d.	**52.** c. Phrenic nerves	**53.** b. Nasopharyngeal carcinoma
	54. b. Nasopharyngeal…			

55. Secondaries in the neck with no obvious primary malignancy is most often due to: (JIPMER 2003)
a. CA Stomach
b. CA Larynx
c. CA Nasopharynx
d. CA Thyroid

56. True about carotid body tumour is: (UPPG 2010)
a. Origin from non chromaffin tissue
b. Most commonly is seen with people live at high altitude
c. Family history positive
d. FNAC is diagnostic
e. Painful non mobile lump in the neck

Ref: Sabiston 19/e p814-815; Schwartz 9/e p721-723; Bailey 26/e p704, 25/e p732; Devita 9/e p772-773

57. A 40-year-old patient is suffering from carotid body tumor. Which of the following is the best choice of treatment for him: (AIIMS Nov 2004)
a. Excision of tumor
b. Radiotherapy
c. Chemotherapy
d. Carotid artery ligation both proximal and distal to the tumor

58. True about carotid body tumor: (PGI June 2004)
a. Arises from pharyngeal wall
b. Arises from baroreceptor cells.
c. Commonly seen in high altitude habitants
d. 10% have family history
e. FNAC is diagnostic

59. True statement about carotid body tumor is:
a. Non-chromaffin paraganglioma (PGI June 2002)
b. Good prognosis
c. Rarely metastasizes
d. Similar to mixed parotid tumor

60. Carotid body tumour: (PGI Dec 2005)
a. Arises from the endothelial cells
b. Originates from the schwann cells
c. Radiotherapy is the treatment of choice
d. May metastasize

61. True about carotid body tumour is: (DPG 2006)
a. Arises from schwann cell
b. Causes hypertension
c. Arises from endothelial cell
d. None of the above

62. Main problem associated with carotid body tumor operation is: (MHPGMCET 2001)
a. The tumor blends with jugular vein
b. The tumor blends with bifurcation of carotid artery
c. Recurrence
d. Vasovagal shock

63. Which one is not true regarding carotid body tumour:
a. Unilateral (AIIMS June 2002)
b. Surgical resection is the treatment
c. Non-chromaffin paraganglioma
d. Middle age group is affected

64. True about superior sulcus tumor: (DPG 2007)
a. Anhidrosis in thoracic region
b. Pain in upper aspect of arm
c. Flexor atrophy
d. 2nd and 3rd rib erosion

Ref: Sabiston 19/e p1582; Schwartz 9/e p534

65. In which of the following head and neck cancers, is lymph node metastasis least common: (AIIMS May 2008)
a. Tongue
b. Buccal mucosa
c. Hard palate
d. Lower alveolus

Ref: Bailey 25/e p734, 738; Devita 9/e p750; Cancer of the Head and Neck by Suen and Myer 4/e p288-289

66. Blow out carotid is characteristically seen with:
a. Thyroidectomy (AIIMS Nov 2007)
b. Radical neck dissection
c. Flap necrosis
d. Sistrunk operation *Ref: www.ajnr.org/content/28/1/181*

67. Which of the following does not move on deglutition:
a. Subligual dermoid (All India 2001)
b. Thyroid nodule
c. Pretracheal lymph node
d. Thyroglossal cyst *Ref: Schwartz 9/e p1344-1345*

Ans.
55. c. CA Nasopharynx
56. b and c
57. a. Excision of tumor
58. c and d
59. a, b, and c
60. d. May metastasize
61. d. None of the above
62. b. The tumor blends with…
63. None
64. d. 2nd and 3rd rib erosion
65. c. Hard palate
66. b. Radical neck dissection
67. a. Subligual dermoid

D. FACIAL INJURIES AND ABNORMALITIES

1. Fracture mandible with edentulous jaw is best treated with: (UPPG 2004)
- a. External fixator
- b. Minerva-plaster
- c. Interdental wiring
- d. Intermaxillary elastic traction

Ref: Sabiston 19/e p1925-1927; Schwartz 9/e p487; Bailey 26/e p346, 25/e p331-332

2. Best view for mandible is: (UPPG 2007)
- a. Antero-posterior
- b. Lateral
- c. Oblique
- d. Orthopantomogram

3. A man sustained injury and presented with fluid coming out through nose. What could be the possible fracture: (MCI March 2007)
- a. Fracture base of skull
- b. Fracture of mandible
- c. Fracture of maxilla
- d. None of the above

Ref: Sabiston 19/e p1890; Schwartz 9/e p1523-1524; Bailey 26/e p314, 25/e p302,308

4. A 20-year-old man is hit on the eye with a ball. On examination there is restriction of lateral and upward gaze and diplopia. There is no obvious visible sign of enophthalmos, the likely diagnosis is: (DPG 2011)
- a. Zygoma fracture
- b. Maxillary fracture
- c. Blow out fracture of the orbit
- d. Injury to lateral rectus

Ref: Sabiston 19/e p1925-1927; Schwartz 9/e p486; Bailey 26/e p627, 25/e p650

5. Best treatment of above condition will be: (AIIMS 2005)
- a. Do nothing and assurance
- b. Explore the orbit
- c. Ophthalmic exercise to correct diplopia
- d. Reinsertion of lateral rectus muscle

6. Clinical feature of fracture of zygomatic bone include all of the following except: (All India 2004)
- a. Diplopia
- b. Trismus
- c. Bleeding
- d. CSF rhinorrhea

Ref: Sabiston 19/e p1925-1927; Schwartz 9/e p487; Bailey 25/e p330

7. Mandible is commonly fractured: (JIPMER 2002)
- a. At the neck of the condyle
- b. Through the angle
- c. Through the cannine fossa
- d. At the middle

8. Le Forte II facial fracture implies: (AIIMS 2004)
- a. Fracture running through alveolar ridge
- b. Fracture running through midline of the palate and zygomatico maxillary suture
- c. Fracture running through zygomatic process of the maxilla, floor of orbit, root of nose on one side only
- d. Similar to C but on both sides

Ref: Sabiston 19/e p1927; Schwartz 9/e p487-488; Bailey 26/e p344-345, 25/e p329-330

9. Tripod fracture is seen in: (DNB 2010)
- a. Zygomatic bone
- b. Temporomandibular joint
- c. Maxilla
- d. Frontal bone

10. Costen's syndrome refers to neurological pain associated with: (DNB 2010)
- a. Sphenopalatin ganglion
- b. Temporomandibular joint
- c. Glosso pharyngeal nerve
- d. Lingual nerve

Ref: Dhingra 4/e p400

11. True about cleft palate: (PGI Nov 2010)
- a. Surgery should be done at 1 year
- b. 50% recover speech after operation
- c. Associated with hearing loss
- d. Associated with cleft lip in 45%

Ref: Sabiston 19/e p1923-1924; Schwartz 9/e p1658-1663; Bailey 26/e p634-648, 25/e p657-668

12. Surgical correction in cleft palate primarily aims at all of the following except: (MCI March 2010)
- a. Control of regurgitation
- b. To promote normal dentition and facial growth
- c. To get a normal speech
- d. Normal appearance of lips, nose and face

Ref: Sabiston 19/e p1923-1924; Schwartz 9/e p1658-1663; Bailey 25/e p662-668

13. Ideal time for cleft lip repair surgery: (MHPGMCET 2006)
- a. 3-6 weeks
- b. 6-12 weeks
- c. 1-1.5 years
- d. 3-4 years

14. Ideal time for surgery in case of unilateral cleft lip: (MHPGMCET 2008)
- a. <3 months
- b. 3 to 6 months
- c. 6 to 9 months
- d. >12 months

15. All are do about submucosal cleft palate except: (DNB 2012)
- a. Bifid uvula
- b. Notched hard palate
- c. Lip pits
- d. Zonapellucida

Ref: Cleft Palate and Craniofacial abnormalities by Ann W. Kummer/51

Ans.
1. a. External fixator
2. d. Orthopantomogram
3. a. Fracture base of skull
4. c. Blow out fracture of the orbit
5. b. Explore the orbit
6. d. CSF rhinorrhea
7. a. At the neck of the…
8. d. Similar to C but on both…
9. a. Zygomatic bone
10. b. Temporomandibular joint
11. a, c, and d.
12. d. Normal appearance of lips, …
13. b. 6-12 weeks
14. b. 3 to 6 months
15. c. Lip pits

16. Which is the appropriate age for repair of cleft palate:
a. 6 months to 1 year (All India 2001)
b. 12-15 months
c. At puberty
d. Just after birth

17. With respect to repair of cleft palate, the soft palate is first repaired, ideal time for which is:
a. 12 months
b. 9 months
c. 6 months
d. 3 months *Ref: Bailey 25/e p661*

18. Commonest type of cleft lip is: (AIIMS 2003)
a. Bilateral
b. Midline
c. Combined with cleft palate
d. Unilateral

19. In cleft lip operation all the stitches are removed on:
a. 2nd day (PGI 2007)
b. 4th day
c. 10th day
d. 14th day *Ref: Sabiston 18/e p2134*

20. Unilateral clefts are most common on: (PGI 2008)
a. Left side
b. Right side
c. Median
d. None of the above

21. The following is the method for operating cleft lip except:
a. Le Mesurier's method (JIPMER 2007)
b. Tennison's method
c. Millard's method
d. Wardill's method
Ref: Sabiston 19/e p1924; Schwartz 9/e p1661; Bailey 25/e p661-662

22. Cleft lip is due to non fusion of: (PGI 2001)
a. Maxillary process with lateral nasal process
b. Maxillary process with medial nasal process
c. Maxillary process with mandibular process
d. All of the above

23. Unilateral cleft lip is associated with: (PGI 2009)
a. Posterior displacement of alar cartilage
b. Columella elongated
c. Always cleft palate
d. Defective sucking

24. Most common congenital anomaly of the face is:
a. Cleft lip alone (MCI March 2008)
b. Isolated cleft palate
c. Cleft lip and cleft palate
d. All have equal incidence

25. Millards 'Rule of Ten' includes all except: (AMU 2005)
a. 10 lbs
b. 10 weeks of age
c. 10 gm% hemoglobin
d. 10 months of age
Ref: http://en.wikipedia.org/wiki/Cleft_lip_and_palate

26. Pierre Robbin's Sequence includes: (PGI Dec 2008)
a. Glossoptosis
b. Airway obstruction
c. Cleft lip
d. Micrognathia
e. Heart anomaly
Ref: Schwartz 9/e p1665; Bailey 25/e p657; Nelson 18/e p1534

27. Which one of the following is the primary defect in Pierre Robbin's syndrome: (UPSC 2006)
a. Micrognathia
b. Glossoptosis
c. High arched palate
d. Cleft palate

28. Pierre Robbin's syndrome is: (AIIMS 2008)
a. Cleft palate with syndactyly
b. Cleft palate with mandibular hypoplasia and respiratory obstruction
c. Cleft lip with mandibular hypoplasia
d. Cleft lip

29. Hynes pharyngoplasty is used to improve a child's:
a. Appearance (JIPMER 2007)
b. Teething
c. Speech
d. Feeding
Ref: Bailey 25/e p663; www.ncbi.nlm.nih.gov/pubmed/3547432

30. Rhinoplasty is usually done at the age (years) of until the nose is fully grown: (JIPMER 2009)
a. 6 years
b. 12 years
c. 16 years
d. 25 years
Ref: Bailey 26/e p645, 25/e p669; http://en.wikipedia.org/wiki/Rhinoplasty

31. Rhtidectomy operation involves: (JIPMER 2007)
a. Correction of nasal defects
b. Removal of wrinkles in forehead
c. Straightening of curved penis
d. Correction of protruding lips
Ref: Dorland's Dictionary 28/e p1463

Ans.
16. a. 6 months to 1 year **16.** c. 6 months **18.** c. Combined with cleft… **19.** b. 4th day
20. a. Left side **21.** d. Wardill's method **22.** b. Maxillary process… **23.** a. Posterior displacement…
24. c. Cleft lip and cleft… **25.** d. 10 months of age **26.** a, b, and d. **27.** a. Micrognathia
28. b. Cleft palate… **29.** c. Speech **30.** c. 16 years **31.** b. Removal of wrinkles in…

9. ONCOLOGY

A. Oncology
B. Sacroma

ONCOLOGY (QUESTIONS)

A. ONCOLOGY

1. **In which of the following disease, the overall survival is increased by screening procedure:** (All India 2005)
   - a. Prostate cancer
   - b. Lung cancer
   - c. Colon cancer
   - d. Ovarian cancer

Ref: Harrison 18/e p659-662; Schwartz 9/e p252; Bailey 25/e p97-98

2. **Screening increase life span in which of the following carcinoma:** (PGI June 2007)
   - a. Breast
   - b. Colon
   - c. Prostate
   - d. Lung
3. **Screening is useful for:** (PGI Nov 2011)
   - a. Carcinoma Lung
   - b. Carcinoma Breast
   - c. Carcinoma Skin
   - d. Carcinoma Cervix
   - e. Carcinoma Ovary
4. **Least amenable to screening is:** (AIIMS June 2004)
   - a. Breast
   - b. Cervix
   - c. Oral cavity
   - d. Lung
5. **The following is a marker of Paget's disease of the mammary gland:** (All India 2007)
   - a. S-100
   - b. HMB-45
   - c. CEA
   - d. Neuron specific enolase

Ref: Harrison 18/e p652; Schwartz 9/e p444-445; Sabiston 19/e p712-716

6. **In which of the following tumors alpha-feto protein is elevated:** (AIIMS Nov 2005)
   - a. Choriocarcinoma
   - b. Neuroblastoma
   - c. Hepatocellular carcinoma
   - d. Seminoma
7. **Which of the following tumor secretes erythropoietin:** (PGI June 2010)
   - a. Pheochromocytoma
   - b. Hepatoma
   - c. RCC
   - d. Adrenal adenoma
   - e. Breast cancer

Ref: Harrison 18/e p831

8. **Uses of tumor marker are:** (PGI June 2001)
   - a. Screening of a cancer
   - b. Follow up a cancer patient, especially for knowing about recurrence
   - c. Confirmation of a diagnosed cancer
   - d. For monitoring the treatment of a cancer

Ref: Harrison 18/e p652; Sabiston 19/e p712-716

9. **Erythropoietin secreting tumor:** (PGI June 2001)
   - a. Cerebellar hemangioblastoma
   - b. Hepatoma
   - c. Renal cell carcinoma
   - d. Adrenal adenoma
   - e. Fibromyoma of uterus
10. **CA-125 is associated with:** (PGI June 2002)
    - a. Colon carcinoma
    - b. Breast carcinoma
    - c. Ovarian carcinoma
    - d. Bronchogenic carcinoma
    - e. Pancreatic carcinoma
11. **CEA is associated with:** (PGI June 2002)
    - a. Adenocarcinoma of colon
    - b. Pancreatic carcinoma
    - c. Neuroblastoma
    - d. Ovarian carcinoma
    - e. Prostatic carcinoma
12. **AFP is raised in:** (PGI Dec 2003)
    - a. CA Prostate
    - b. HCC
    - c. CA Lung
    - d. CA Breast
    - e. CA Colon
13. **Which one of the following is frequent cause of serum alpha-fetoprotein level greater than 10 times the normal upper limit:** (UPSC 2004)
    - a. Seminoma
    - b. Metastatic carcinoma of liver
    - c. Cirrhosis of liver
    - d. Oat cell tumour of lung
14. **Which of the following is marker for carcinoma:** (All India 2012)
    - a. Cytokeratin
    - b. Vimentin
    - c. Calcitonin
    - d. CD-45

Ref: Robbins 8/e p324

15. **α- Fetoprotein increase in all the following except:** (All India 94)
    - a. Hepatocellular carcinoma
    - b. Seminoma of the testes
    - c. GI neoplasms
    - d. Embryonal cell carcinoma
16. **All are recognized tumour markers except:** (PGI Dec 2009)
    - a. Beta HCG
    - b. Beta-2 microglobulin
    - c. Alpha fetoprotein
    - d. Acid phosphatase

Ans.

1. c. Colon cancer
2. b. Colon
3. b and d
4. d. Lung
5. c. CEA
6. c. Hepatocellular carcinoma
7. b and c
8. a, b and d
9. a, b, c and e
10. a, b, c, d and e
11. a, b, d and e
12. b and c
13. b. Metastatic…
14. a. Cytokeratin
15. b. Seminoma of the testes
16. None

17. CEA is increased in all except: (AIIMS May 2007)

a. Lung cancer
b. Breast cancer
c. Colon cancer
d. Osteogenic sarcoma

18. Regarding CEA-false is: (AIIMS 2007)

a. Prognostic indicator
b. Glycoprotein
c. Elevated in colorectal carcinoma
d. Elevated only when there is hepatic metastasis

19. False about neuroblastoma: (All India 2009)

a. Most common extracranial solid tumor in childhood
b. >50% present with metastasis at the time of diagnosis
c. Lung metastasis is common
d. Often encases aorta and its branches at the time of diagnosis

Ref: Schwartz 9/e p1449-1450; Sabiston 19/e p1859-1861; Bailey 26/e p123-124, 25/e p814-815; Harrison 18/e p836; Ghai /e p590-591

20. True about neuroblastoma is/are: (PGI Dec 2006)

a. Seen in adrenal glands
b. Increased VMA/HVA
c. Lymphatic metastasis is more common than hematogenous spread
d. Presents with abdominal mass
e. Old age presentation implies good prognosis

21. Most common intra-abdominal tumour below 2 years: (PGI 2006)

a. Neuroblastoma
b. Wilm's tumour
c. Hepatoblastoma
d. Lymphoma

22. Esthesio-neuroblastoma arises from: (PGI Dec 2002)

a. Olfactory Nerve
b. Maxillary Nerve
c. Ophthalmic Nerve
d. Nasociliary Nerve

Ref: Dhingra 5/e p217-218; Harrison 18/e p820

23. Opsomyoclonus is encountered as clinical feature of: (PGI June 2007)

a. Meningioma
b. Neuroblastoma
c. Neurofibromatosis
d. Ependymoma

24. In neuroblastoma the most common presentation is: (All India 2008)

a. Lytic lesion in skull with suture diastasis
b. Lung metastasis
c. Renal invasion
d. Secondaries in brain

25. Commonest tumour of lumbar region in children is: (AIIMS June 2003)

a. Dermoid cyst
b. Neuroblastoma
c. Wilm's tumour
d. Appendix

26. Most common cause of skeletal metastasis is: (UPPG 2009)

a. Kidney
b. Prostate
c. Breast
d. Thyroid

Ref: Harrison 18/e p820-821; Devita 9/e p2512-2513; CSDT 12/e p1202

27. Treatment of bony metastasis is by: (JIPMER 2011)

a. Samarium-153
b. I-131 with tositumumab
c. P-32
d. Yttrium

28. Best investigation for bone metastasis is: (All India 2012, 2011)

a. MRI
b. CT
c. Bone scan
d. X-ray

Ref: Sutton 7/e p1251

29. Bony metastasis is common with all of the following except: (All India 2008)

a. CA breast
b. CA lung
c. CA testis
d. CA prostate

30. Not true about bone metastasis: (AIIMS June 2007)

a. Uncommon distal to elbow and knee
b. Breast secondary may be osteoblastic
c. Renal cell carcinoma secondary are expansile
d. Soft tissue sarcoma causes bony metastasis

31. Secondaries of all following cause osteolytic lesions except: (All India 2005)

a. Prostate
b. Kidney
c. Bronchus
d. Thyroid

32. Expansile lytic osseous metastases are characteristic of primary malignancy of:

a. Kidney
b. Bronchus
c. Breast
d. Prostate

33. A malignant tumor of childhood, that metastasizes to bones most often is: (All India 2006)

a. Wilm's tumor
b. Neuroblastoma
c. Adrenal gland tumors
d. Granulosa cell tumor of ovary

Ref: Schwartz 9/e p1449-1450; Sabiston 19/e p1859-1861; Bailey 25/e p814-815; Harrison 18/e p836; Ghai 7/e p590-591; Nelson's 18/e p2138

34. All of the following produce osteoblastic secondaries except: (DNB 2012)

a. CA Prostate
b. Carcinoid tumors
c. CA Breast
d. Multiple myeloma

Ans.

17. d. Osteogenic sarcoma
18. d. Elevated only when…
19. c. Lung metastasis is…
20. a, b, and d.
21. a. Neuroblastoma
22. a. Olfactory Nerve
23. b. Neuroblastoma
24. a. Lytic lesion in…
25. b. Neuroblastoma
26. b. Prostate
27. a. Samarium-153
28. c. Bone scan
29. c. CA testis
30. d. Soft tissue…
31. a. Prostate
32. a. Kidney
33. b. Neuroblastoma
34. d. Multiple myeloma

35. Which of the following is rare site for metastasis:
a. Vertebrae
b. Skull (SGPGI 2004)
c. Pelvis
d. Forearm and leg bones

36. Pulsating tumors include all except: (PGI 2000)
a. Bone sarcoma
b. Osteoclastoma
c. Secondaries from hypernephromas
d. Secondary from prostate

37. Most common primary of metastatic bone tumour in a male is:
a. Lung (DNB 2009)
b. Liver
c. Bone
d. Brain *Ref: Bailey 24/e p1330*

38. Commonest site for lymphoma in GIT is: (AIIMS Nov 2002)
a. Stomach
b. Duodenum
c. Ileum
d. Rectum

Ref: Sabiston 19/e p1218-1219; Schwartz 9/e p935-937; Bailey 26/e p1160, 25/e p1075; Shackelford 7/e p1035-1042

39. Feature of tumor lysis syndrome are: (PGI Dec 2000)
a. Hypocalcemia
b. Hypophosphatemia
c. Alkalosis
d. Hypokalemia

Ref: Harrison 18/e p2274; Schwartz 9/e p65; Sabiston 19/e p113

40. Features of tumor lysis syndrome:
a. Hyperuricemia (PGI May 2011, PGI Dec 2006)
b. Hypercalcemia
c. Hypophosphatemia
d. Hyperphosphatemia
e. Hyperkalemia

41. Hypercalcemia associated with malignancy is most often mediated by: (All India 2005)
a. PTH
b. PTH-rp
c. IL-6
d. Calcitonin *Ref: Harrison 18/e p3111*

42. Hypercalcemia of malignancy treatment consist of all except:
a. Dexamethasone (PGI May 2011)
b. Saline infusion
c. Pamidronate
d. Furosemide
e. Phosphate

43. A patient with leukemia on chemo therapy develops acute lower abdominal pain associated with anaemia, thrombocytopenia and leucopenia. Which of the following is clinical diagnosis: (All India 2006)
a. Appendicitis
b. Leukemic colitis
c. Perforation peritonitis
d. Neutropenic colitis

Ref: Harrison 18/e p2276-2277; Schwartz 9/e p1070, 1074; Bailey 26/e p206, 25/e p1211

44. Which of the following tumor is most commonly associated with superior vena cava syndrome: (All India 2011)
a. Lymphoma
b. Small cell carcinoma
c. Non small cell carcinoma
d. Metastasis *Ref:Harrison 18/e p2266; 17/e p554*

45. Which of the following is not an oncological emergency:
a. Spinal cord compression (AIIMS June 2003)
b. Superior vena cava syndrome
c. Tumor lysis syndrome
d. CA cervix stage IIIb with pyometra

Ref: Harrison 18/e p2266-2277

46. Which one of the following is the most common tumor to produce metastasis to cervical lymph nodes:
a. Glottic carcinoma (UPSC 2008, AIIMS June 2002)
b. Nasopharyngeal carcinoma
c. Carcinoma base of tongue
d. Carcinoma lip

Ref: Sabiston 19/e p808-810; Schwartz 9/e p502; Bailey 26/e p681-683, 25/e p709-710; Devita 9/e p764-766

47. In which of the following head and neck cancers, is lymph node metastasis least common: (AIIMS May 2008)
a. Tongue
b. Buccal mucosa
c. Hard palate
d. Lower alveolus

Ref: Bailey 25/e p734, 738; Devita 9/e p750; Cancer of the Head and Neck by Suen and Myer 4/e p288-289

48. Delphian nodes are: (COMEDK 2008)
a. Pretracheal
b. Paratracheal
c. Supraclavicular
d. Posterior triangle

Ref: Bailey 25/e p967, 977

49. A 55-year-old chronic smoker presents with complaints of hoarseness of voice, and single enlarged painless lymph node in left supraclavicular region. Next step to be done:
a. CT Scan of chest (AIIMS Nov 2000)
b. Sputum examination for AFB
c. Laryngoscopy and chest X-ray
d. Excision biopsy of the node

Ref: Harrison 18/e p467

50. A patient comes with stony hard, painless lymph node in left supraclavicular fossa. A biopsy report states squamous cell carcinoma. What is the diagnosis: (AIIMS Nov 2009)
a. Stomach carcinoma
b. Breast carcinoma
c. Lung carcinoma
d. Pancreatic carcinoma

Ref: Harrison 18/e p738; Sabiston 19/e p1573; Schwartz 9/e p529; Devita 9/e p799-812

Ans.	**35.** d. Forearm and leg...	**36.** d. Secondary from...	**37.** a. Lung	**38.** a. Stomach
	39. a. Hypocalcemia	**40.** a, d, and e.	**41.** b. PTH-rp	**42.** None
	43. d. Neutropenic colitis	**44.** b. Small cell carcinoma	**45.** d. CA cervix stage IIIb...	**46.** b. Nasopharyngeal...
	47. c. Hard palate	**48.** a. Pretracheal	**49.** d. Excision biopsy of the...	**50.** c. Lung carcinoma

51. A 65-year-old smoker presents with hoarseness, hemoptysis and a hard painless lump in the left supraclavicular fossa. Which of the following is the most appropriate diagnostic step: (AIIMS June 2004)
a. Undertake an open biopsy of the neck lump
b. Undertake a radical neck dissection
c. Do fine needle aspiration cytology
d. Give a trial of Anti tuberculous therapy

52. Which carcinoma most commonly metastasizes to cervical lymph nodes: (AIIMS June 2002)
a. Maxillary sinus
b. Posterior tongue
c. Cheek
d. Hard palate

53. Lymph node metastasis is a common feature with the following variant of soft tissue sarcoma: (All India 2004)
a. Fibrosarcoma
b. Angiosarcoma
c. Liposarcoma
d. Neurofibrosarcoma

Ref: Harrison 18/e p817-820; Sabiston 19/e p768-774

54. Which of the following carcinomas most frequently metastasizes to brain: (AIIMS Nov 2005)
a. Small cell carcinoma of lung
b. Prostate cancer
c. Rectal carcinoma
d. Endometrial cancer

55. A metastatic carcinoma in the brain of an adult, most often comes from primary in the: (AIIMS Nov 2005)
a. Stomach
b. Ovary
c. Oral cavity
d. Lung *Ref: Harrison 18/e p3390*

56. A case of carcinoid tumor which site is having least potential for malignancy: (AIIMS Nov 2004)
a. Lung
b. Stomach
c. Small Intestine
d. Appendix

Ref: Sabiston 19/e p1258-1262; Schwartz 9/e p999-1001; Bailey 26/e p1160, 25/e p1176-1177; Schackelford 7/e p1021-1023; Harrison 18/e p3060-3064

57. In which of the following location, carcinoid tumor is most common: (All India 2005)
a. Esophagus
b. Stomach
c. Small bowel
d. Appendix

58. 5-HIAA in urine is seen in: (PGI June 2000)
a. Carcinoid
b. Pheochromocytoma
c. Hirschsprung's disease
d. Wilm's tumor

59. Features of carcinoid are: (PGI 2000)
a. Wheezing
b. Cyanosis
c. Flushing
d. Mitral valve involvement
e. Clubbing

60. True about carcinoid is all except: (PGI 2000)
a. Common in distal 3/4th appendix
b. Carcinoid syndrome is due to malignant transformation
c. Appendectomy is TOC for carcinoid located in distal 2/3rd of appendix
d. Of all the carcinoid tumors in GIT, 45% in appendix

Ref: Sabiston 19/e p1289-1291; Schwartz 9/e p1088; Bailey 25/e p1217; Shackelford 7/e p2028

61. Most radio resistant phase in cell cycle: (JIPMER 2011)
a. G1
b. Early S
c. Late S
d. G2 *Ref: Harrison 18/e p691-692; Schwartz 9/e p264-265*

62. All of the following are pure beta emitters except:
a. Yttrium-90 (AIIMS May 2011)
b. Phosphorus-32
c. Strontium-90
d. Samarium-153

Ref: Harrison 18/e p691-692

63. All of the following radioisotopes are used as systemic radionuclide, except: (All India 2006)
a. Phosphorus-32
b. Strontioum-89
c. Iridium-192
d. Samarium

Ref: Principle and Practice of Radiation Oncology (Lippincott 4/e p637; Harrison 18/e p692

64. Phosphorus-32 emits: (All India 2006)
a. Beta particles
b. Alpha particles
c. Neutrons
d. X- rays

65. Which of one of the following has the maximum ionization potential: (All India 2006)
a. Electron
b. Proton
c. Helium ion
d. Gamma photon

Ref: Harrison 18/e p691-692

66. Which of the following malignant tumors is radioresistant:
a. Ewing's sarcoma (All India 2006; AIIMS 2007)
b. Retinoblastoma
c. Osteosarcoma
d. Neuroblastoma

Ref: Essentials of Radiology by Bhaduri/502

67. The most radiosensitive tumour among the following is:
a. Bronchogenic carcinoma (All India 2006)
b. Carcinoma parotid
c. Dysgerminoma
d. Osteogenic sarcoma

Ans. **51.** a. Undertake an… **52.** b. Posterior tongue **53.** b. Angiosarcoma **54.** a. Small cell carcinoma…
55. d. Lung **56.** a. Lung **57.** c. Small bowel **58.** a. Carcinoid
59. a and c **60.** b and d **61.** c. Late S **62.** d. Samarium-153
63. c. Iridium-192 **64.** a. Beta particles **65.** c. Helium ion **66.** c. Osteosarcoma
67. c. Dysgerminoma

68. Which of the following imaging techniques gives maximum radiation exposure to the patient: (All India 2006)
a. Chest X-ray
b. MRI
c. CT scan
d. Bone scan *Ref: Bailey 25/e p130*

69. The technique employed in radiotherapy to counteract the effect of tumor motion due to breathing is known as:
a. Arc technique (All India 2005)
b. Modulation
c. Gating
d. Shunting
Ref: Radiation oncology by Leibe Phillips 2nd/192-192

70. Which one of the following radioisotope is not used as permanent implant: (All India 2005)
a. Iodine-125
b. Palladium-103
c. Gold-198
d. Caesium-137
Ref: Washington and Lever Principle of Radiotherapy 2nd/326; Harrison 18/e p691-692

71. Which of the following elements is obsolete in radiotherapy:
a. Cesium-137 (AIIMS 2009)
b. Cobalt-60
c. Radium-226
d. Iridium-192
Ref: Text Book of Radiation Oncology by Leibel Philips 2nd/231

72. Craniospinal irradiation is employed in the treatment of:
a. Oligodendroglioma (KGMC 2011, PGI 2009)
b. Pilocytic astrocytoma
c. Mixed oligoastrocytoma
d. Medulloblastoma
e. Glioblastoma *Ref: Harrison 18/e p3388*

73. Which of the following is the most radiosensitive phase of the cell cycle:
a. G2M (AIIMS Nov 2012, All India 2008, PGI 2009, 2008)
b. G2
c. S
d. G1

74. Amifostine protects all of the following except:
a. CNS (All India 2009)
b. Salivary glands
c. Kidneys
d. GIT
Ref: Radiation Oncology 8/e p41; Harrison 19/e p839-840

75. Which of the following is the most radiosensitive tumor:
a. Ewing's sarcoma (AIIMS Nov 2005)
b. Hodgkin's disease
c. Carcinoma cervix
d. Malignant fibrous histiocytoma

76. Which of the following radioactive isotopes in not used in brachytherapy: (AIIMS 2005)
a. Iodine-125
b. Iodine-131
c. Cobalt-60
d. Iridium-192
Ref: Text Book of Radiation Oncology by Leibel Philips 2nd/231

77. High energy linear accelerators use: (PGI 2006)
a. X-rays
b. Gamma-rays
c. Alpha-rays
d. Infrared-rays
e. β-rays *Ref: Harrison 18/e p691-692*

78. Ionizing radiation cause maximum damage in: (PGI 2005)
a. Hypoxic cells
b. Cells in S phase
c. Cells in G2M phase
d. Dividing cells
e. Neurons

79. Which radionuclide is commonly used in teletherapy units:
a. Radium-226 (Orissa 2011)
b. Cobalt-60
c. Caesium-137
d. Iridium-192

80. The half life of radioactive Cobalt-60 is: (Orissa 2011)
a. 2.26 years
b. 3.26 years
c. 5.26 years
d. 7.26 years

81. Amifostine is: (AIIMS May 2012)
a. Radiosensitiser
b. Radioprotector
c. Radiomodifier
d. Radiomimetic *Ref: Radiation Oncology 8/e p41*

82. Which of the following is radioprotective agent:
a. Cisplatin (All India 2012)
b. Amifostine
c. Methotrexate
d. Colony stimulating factor

83. For which malignancy, intensity modulated radiotherapy (IMRT) is the most suitable: (AIIMS Nov 2005)
a. Lung
b. Prostate
c. Leukemia
d. Stomach
Ref: Text Book of Radiation Oncology by Leibel Philips 2/e p315, 334

84. Upper GI endoscopy and biopsy from lower esophagus in a 48-years old lady with chronic heart burn shows presence of columnar epithelium with goblet cells. The feature is most likely consistent with: (AIIMS June 2003)
a. Dysplasia.
b. Hyperplasia
c. Carcinoma in-situ
d. Metaplasia
Ref: Sabiston 19/e p1033-1036; Schwartz 9/e p831-832; Bailey 26/e p1001, 25/e p1022-1024; Schackelford 7/e p285, 294

Ans.
68. c. CT scan **69.** c. Gating **70.** d. Caesium-137 **71.** c. Radium-226
72. d. and e. **73.** a. G2M **74.** a. CNS **75.** a. Ewing's sarcoma
76. c. Cobalt-60 **77.** a. X-rays **78.** c and d. **79.** b. Cobalt-60
80. c. 5.26 years **81.** b. Radioprotector **82.** b. Amifostine **83.** b. Prostate
84. d. Metaplasia

85. By mucosal resection which carcinoma can be diagnosed early: (AIIMS June 2004)
a. Esophageal carcinoma
b. Anal carcinoma
c. Colon carcinoma
d. Pancreatic carcinoma
Ref: Schwartz 9/e p866; Sabiston 19/e p1053

86. In which case immunoguided surgery is done:
a. CA colon (AIIMS June 2005)
b. CA pancreas
c. CA jejunum
d. CA anal canal
Ref: www.ncbi.nlm.nih.gov/pubmed/11775180

87. Sentinel lymph node biopsy is an important part of the management of which of the following conditions:
a. Carcinoma prostate (All India 2002)
b. Carcinoma breast
c. Carcinoma lung
d. Carcinoma nasopharynx
Ref: Harrison 18/e p690, 729; Schwartz 9/e p259, 416; Sabiston 19/e p753, 851

88. True about sentinel lymph node biopsy: (PGI June 2004)
a. Special OT is required
b. Blue dyes injected
c. Contraindicated if axillary LN is involved biopsy
d. It is done to avoid inadvertent axillary LN biopsy
d. Radioactive dye is used

89. Sentinel lymph node biopsy is done in all except:
a. CA breast
b. CA penis (DNB 2012)
c. Malignant melanoma
d. CA colon

90. In which case spontaneous regression is not seen:
a. Malignant melanoma (AIIMS Sept 2002)
b. Osteosarcoma
c. Neuroblastoma
d. Choriocarcinoma
Ref: Robbins 8/e p478, 966, 1059, 1172, 1365

91. Spontaneously regressing tumors are: (PGI June 2006)
a. Malignant melanoma
b. Neuroblastoma
c. Ewing's sarcoma
d. Wilm's tumour

92. Which of the following malignant disease of children has the best prognosis: (AIIMS Nov 2003)
a. Wilm's tumor
b. Neuroblastoma
c. Rhabdomyosarcoma
d. Primitive neuroectodermal tumor
Ref: CSDT 11/e p1345; CPDT 16/e p807-809

93. Neoadjuvant chemotherapy is not used in:
a. CA thyroid (AIIMS Feb 2007)
b. CA breast
c. CA esophagus
d. CA lung *Ref: Harrison 18/e p693*

94. Which of the following is the most beneficial technique of using chemotherapy with a course of radiotherapy in head and neck malignancies: (AIIMS Nov 2004)
a. Neo adjuvant chemotherapy
b. Adjuvant chemotherapy
c. Concurrent chemotherapy
d. Alternating chemotherapy and radiotherapy
Ref: Bailey 26/e p720, 25/e p748; Devita 9/e p749; Cancer of the Head and Neck by Suen and Myer 4/e p291-292

95. Migratory thrombophlebitis is associated with the following malignancies except: (AIIMS Nov 2004)
a. Lung cancer
b. Prostate cancer
c. Pancreas cancer
d. Gastro-intestinal cancer
Ref: Sabiston 19/e p1816-1817; Schwartz 9/e p789; Bailey 25/e p939

96. Radiation exposure during infancy has been linked to which one of the following carcinoma: (All India 2003)
a. Breast
b. Melanoma
c. Thyroid
d. Lung
Ref: Schwartz 9/e p1361-1363; Sabiston 19/e p906-909; Harrison 18/e p2936

97. The most common malignant tumor of adult males in India is: (All India 2004)
a. Orophayngeal carcinoma
b. Gastric carcinoma
c. Colo-rectal carcinoma
d. Lung cancer
Ref: Bailey 26/e p709-710, 25/e p734, 738; Devita 9/e p729

98. Most common cancer in India: (All India 2007)
a. CA cervix
b. CA breast
c. CA lung
d. CA oral cavity

99. Trousseau's sign is seen in all the following except:
a. CA lung (All India 2004)
b. CA Stomach
c. CA Pancreas
d. Liposarcoma

100. Pseudolymphoma is seen in: (PGI Dec 2007)
a. Sjogren's syndrome
b. SLE
c. Mixed connective tissue disease
d. Behect's syndrome
Ref:Harrison 18/e p406, 419

101. Pancoast tumour is seen with cancer of: (PGI Dec 2003)
a. Apical lobe of lung
b. Lingual lobe
c. Thyroid
d. Pyriform fossa

Ans.
85. a. Esophageal...
86. a. CA colon
87. b. Carcinoma breast
88. b. Blue dyes injected
89. d. CA colon
90. b. Osteosarcoma
91. a. and b.
92. a. Wilm's tumor
93. a. CA thyroid
94. c. Concurrent chemotherapy
95. b. Prostate cancer
96. c. Thyroid
97. a. Orophayngeal
98. d. CA oral cavity
99. d Liposarcoma
100. a. Sjogren's syndrome
101. a. Apical lobe of lung

102. Erythema chronicum migrans is seen in: (PGI June 2004)

a. Lyme's disease
b. Glucagonoma
c. Gastrinoma
d. Pheochromocytoma

Ref: Harrison 18/e p1402

103. In which of the following perineural invasion in head and neck cancer most commonly seen: (All India 2005)

a. Adenocarcinoma
b. Adenoid cystic carcinoma
c. Basal cell carcinoma
d. Squamous cell carcinoma

Ref: Bailey 25/e p752; Devita 9/e p778, 1021, 1037; Cancer of the Head and Neck by Suen and Myer 4/e p488

104. All of the following are examples of round cell tumour, except:

a. Neuroblastoma (AIIMS Nov 2005)
b. Ewing Sarcoma
c. Non-Hodgkin's lymphoma
d. Osteosarcoma *Ref: Robbins 8/e p475*

105. RET proto oncogene mutation is a hallmark of which of the following tumors:

a. Medullary carcinoma thyroid
b. Astrocytoma
c. Paraganglioma
d. Hurthle cell tumor thyroid *Ref: Sabiston 19/e p705*

106. All are correctly matched except: (PGI June 2006)

a. BRCA-1: Lung
b. BCL-2: Apoptosis
c. Chromosome 16: Philadelphia chromosome
d. APC gene: Colon

107. Adjuvant chemotherapy is of definite value in:

a. CA colon (AIIMS Nov 2006)
b. CA pancreas
c. CA gall bladder
d. CA esophagus *Ref: Harrison 18/e p693*

108. Which of the following tumors are surgically curative:

a. Pheochromocytoma (PGI 2002)
b. Insulinoma
c. Glucagonoma
d. Appendicular carcinoid
E. All

Ref: Sabiston 19/e p954; Schwartz 9/e p1219; Bailey 25/e p816; Blumgart 5/e p940; Shackelford 7/e p1211

109. Which is not having underlying malignancy: (APPG 2008)

a. Paget's disease of bone
b. Paget's disease of nipple
c. Paget's disease of vulva
d. Paget's disease of anal region

110. Glomus tumor is seen in: (AIIMS Nov 2008)

a. Liver
b. Adrenals
c. Pituitary
d. Finger *Ref: Bailey 26/e p600-601, 25/e p618*

111. BRCA-1 gene is located on: (AIIMS May 2011)

a. Chromosome 13
b. Chromosome 11
c. Chromosome 17
d. Chromosome 22

112. A 24-year-old man presented with retroperitoneal, necrotic, heterogenous enhancing mass on CT near the hilum of the left kidney. What is the most probable diagnosis:

a. Metastatic germ cell tumour (AIIMS Nov 2010)
b. Metastatic melanoma
c. Lymphoma
d. Metastatic transitional cell tumour

Ref: Harrison 18/e p806, 810; Computed Body Tomography by Lee Sagel 4/e p1207

113. Octreotide is used in all except: (AIIMS May 2011)

a. Insulinoma
b. Glucagonoma
c. Glioma
d. Carcinoids *Ref: KDT 6/e p577*

114. Feature(s) of hamartoma is/are: (PGI Nov 2011)

a. Benign
b. Malignant
c. Malformation
d. Mostly Asymptomatic *Ref: Robbins 8/e p262*

115. National Cancer Control Programme (NCCP) launched in India in the year: (Orissa 2011)

a. 1975
b. 1982
c. 1985
d. 1992

Ref: www.nihfw.org/.../NationalHealthProgramme

116. Acanthosis nigricans is seen in: (DNB 2009)

a. GI maligancy
b. Lung cancer
c. Breast cancer
d. All of the above

117. Smoking is a risk factor for all cancer except: (DNB 2007)

a. Esophagus
b. Urinary bladder
c. Pancreas
d. Gall bladder

118. Most common Non-Hodgkin's lymphoma of orbit:

a. B cell (AIIMS May 2013)
b. T cell
c. NK cell
d. Plasma cel

Ref: http://www.mdanderson.org/patient-and-cancer-information/cancer-information/cancer-types/eye-cancer/orbit.html

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Ans. **102.** a. Lyme's disease **103.** b. Adenoid cystic ... **104.** d. Osteosarcoma **105.** a. Medullary carcinoma…
106. a. and c. **107.** a. CA colon **108.** a, b, and d. **109.** a. Paget's disease of bone
110. d. Finger **111.** c. Chromosome 17 **112.** a. Metastatic germ… **123.** c. Glioma
114. a, c, and d. **115.** a. 1975 **116.** d. All of the above **117.** d. Gall bladder
118. a. B cell

B. SARCOMA

1. **The tissue of origin of Kaposi sarcoma is:** (AIIMS 2005)
   a. Lymphoid
   b. Neural
   c. Vascular
   d. Muscular
   Ref: Harrison 18/e p1564-1565; Devita 9/e p2101-2104; Sabiston 19/e p764; Schwartz 9/e p418:

2. **Commonest malignancy in HIV patient:** (AIIMS Nov 2009)
   a. Kaposi sarcoma
   b. Adenoma of stomach
   c. Astrocytoma
   d. CNS lymphoma *Ref: Devita 9/e p2100*

3. **All are true regarding Kaposi sarcoma except one**
   a. Predominant in male (AIIMS Feb 2007)
   b. Multicentric origin
   c. Chemotherapy is treatment of choice
   d. Occurs in AIDS patients only

4. **Kaposi's sarcoma:** (SGPGI 2004)
   a. Does not occur in non HIV positive persons
   b. Has increasing incidence among AIDS patients
   c. No GI bleeding
   d. Uncommon among homosexual HIV positive

5. **Kaposi sarcoma is commonly seen in:** (AMU 2008)
   a. Upper limbs
   b. Lower limbs
   c. Head and neck
   d. Trunk

6. **Most common sarcoma in a child is:** (JIPMER 2000)
   a. Fibrosarcoma
   b. Rhabdomyosarcoma
   c. Leiomyosarcoma
   d. Liposarcoma
   Ref: Devita 9/e p1780-1784; Sabiston 19/e p1862-1864; Schwartz 9/e p1299-1300

7. **Most common site of lymphangiosarcoma:**
   a. Spleen (MHPGMCET 2007)
   b. Liver
   c. Retroperitoneum
   d. Post irradiated postmastectomy limb
   Ref: Sabiston 19/e p1825; Schwartz 9/e p1285; Bailey 26/e p601, 25/e p845

8. **With regard to the malignant behavior of leiomoyosarcoma, the most important criterion is:**
   a. Blood vessel penetration by tumour cells
   b. Tumour cells is lymphatic channels (All India 2006)
   c. Lymphocyte infiltration
   d. The number of mitoses per high power field
   Ref: Devita 9/e p1529-1530

9. **Synovial sarcoma all are true except:** (All India 2010)
   a. Originates in synovium
   b. Seen in young age group
   c. Occurs at extra-articular sites more often
   d. Seen in sites such as knee and foot
   Ref: Devita 9/e p1545

10. **In which case lymph nodes are resected prophylactically:**
    a. Embryonal rhabdomyosarcoma (AIIMS Nov 2004)
    b. Liposarcoma
    c. Fibrosarcoma
    d. Neurofibroma
    Ref: Harrison 18/e p817-820; Schwartz 9/e p1288; Sabiston 19/e p772

11. **All of the following soft tissue sarcoma has propensity for lymphatic spread except:** (AIIMS Nov 2005)
    a. Neurofibrosarcoma
    b. Synovial sarcoma
    c. Rhabdomyosarcoma
    d. Epitheloid sarcoma

12. **Most common retroperitoneal tumour is:** (DNB 2011)
    a. Fibrosarcoma
    b. Liposarcoma
    c. Dermoid cyst
    d. Rhabdomyosarcoma
    Ref: Devita 9/e p1534

13. **True about soft tissue sarcoma:** (PGI Dec 2002)
    a. Lymphatic spread
    b. Enlarged size
    c. Pseudoencapsulated
    d. Spread though musculoaponeurotic plane
    Ref: Devita 9/e p1533-1552; Sabiston 19/e p768-780; Schwartz 9/e p1284-1295

14. **True statement about soft tissue sarcoma is/are:**
    a. Liposarcoma is most common reteroperitoneal sarcoma
    b. Incisional biopsy is needed when size >5cm
    c. FNAC is diagnostic (PGI June 2004)
    d. TNM staging done
    e. Radiosensitive

15. **Which of the following is best indicator of prognosis of soft tissue sarcoma:** (AIIMS Nov 2000)
    a. Tumor size
    b. Histological type
    c. Nodal metastasis
    d. Tumor grade

16. **Malignant neoplasm arising from mesenchymal tissue are:**
    a. Carcinoma (COMEDK 2004)
    b. Sarcoma
    c. Adenomas
    d. Teratomas

Ans.
1. c. Vascular
2. a. Kaposi sarcoma
3. d. Occurs in AIDS…
4. b. Has increasing incidence…
5. b. Lower limbs
6. b. Rhabdomyosarcoma
7. d. Post irradiated post…
8. d The number of…
9. a. Originates in…
10. a. Embryonal…
11. a. Neurofibrosarcoma
12. b. Liposarcoma
13. b, c, and d.
14. a, b, and d.
15. d. Tumor grade
16. b. Sarcoma

17. Which of the following sites of soft tissue sarcoma carries the best prognosis:

a. Head & neck
b. Extremity
c. Visceral
d. Reteroperitoneal

18. Most common site of rhabdomyosarcoma is: (DNB 2011)

a. Orbit
b. Nasopharynx
c. Extremities
d. Hypopharynx

19. Most common soft tissue tumour of adults is: (DNB 2010)

a. Embryonal rhabdomyosarcoma
b. Liposarcoma
c. Synovial sarcoma
d. Malignant fibrous histiocytoma

20. Sarcoma botryoides is also known as: (DNB 2010)

a. Embryonal rhabdomyosarcoma
b. Alveolar rhabdomyosarcoma
c. Leiomyosarcoma
d. Lipoblastomatosis

21. Blood borne spread is a feature of: (DNB 2010)

a. Carcinoma
b. Sarcoma
c. Dysplasia
d. Metaplasia

Ref: Robbins 7/e p720

22. Malignant change in lipoma of retroperitoneum may present with: (DNB 2009)

a. Asymptomatic
b. Renal failure
c. Abdominal pain
d. All of the above

Ref: Robbins 8/e p1318

23. Which of the following immunohistochemical marker can be used for the diagnosis of rhabdomyosarcoma:

a. Myeloperoxidase (AIIMS May 2013)
b. Desmin
c. Cytokerartin
d. Synaptophysin

Ref: Devita 9/e p1780-1784; Sabiston 19/e p1862-1864; Schwartz 9/e p1299-1300

Ans. **17.** b. Extremity **18.** a. Orbit **19.** d. Malignant fibrous… **20.** a. Embryonal…
21. b. Sarcoma **22.** d. All of the above **23.** b. Desmin

10. OTHERS

A. Pediatric Surgery
B. Trauma
C. Transplantation
D. Anesthesia and Perioperative Complications
E. Robotics, Laparoscopy and Bariatric Surgery
F. Sutrues and Anastomoses
G. Sterilization and Infection
H. Fluid, Electrolyte and Nutrition
I. Blood Transfusion
J. Shock
K. Miscellaneous

OTHERS (QUESTIONS)

A. PEDIATRIC SURGERY

1. A six-years-old female presents with constipation and urinary retention. On examination on a presacral mass is noted. Most probable diagnosis is: (AIIMS May 2008)
   a. Pelvic neuroblastoma
   b. Rectal duplication cyst
   c. Sacrococcygeal teratoma
   d. Anterior sacral meningocele

Ref: Sabiston 19/e p1911; Schwartz 9/e p1553

2. First meconium is said to be formed during the month of fetal life: (PGI 2004)
   a. Second
   b. Fourth
   c. Seventh
   d. Ninth

Ref: Bailey 25/e p85

3. Sacrococcygeal teratoma is embryological remnant of: (MHSSMCET 2007)
   a. Neural tube
   b. Allantois
   c. Notochord
   d. Primitive streak

Ref: Sabiston 19/e p1865-1866; Schwartz 9/e p1450

4. A one month old female child has swelling over the back in the sacral region. There is no cough impulse in the swelling. X-ray examination shows erosion of the coccyx. The most likely clinical diagnosis would be:
   a. Meningocele (UPSC 95)
   b. Lipoma
   c. Sacrococcygeal teratoma
   d. Neurofibroma

5. Most common solid malignant tumor of infancy:
   a. Neuroblastoma
   b. Nephroblastoma
   c. Germ cell tumor
   d. Rhabdomyosarcoma

Ref: Sabiston 19/e p1859-1861; Schwartz 9/e p1449; Bailey 25/e p88-89

6. Malignant tumor of childhood that metastasizes to bone most often is:
   a. Neuroblastoma
   b. Nephroblastoma
   c. Adrenal gland tumors
   d. Ovarian granulose cell tumor

7. Which of the following is the most common tumor of newborn: (All India 2012)
   a. Neuroblastoma
   b. Wilm's tumors
   c. Leukemia
   d. Sacrococcygeal teratoma

Ref: Surgery of Childhood Tumors (Springer 2008/49

8. Primitive streaks remnants give rise to: (DNB 2012)
   a. Neuroblastoma
   b. Wilm's tumour
   c. Sacrococcygeal teratoma
   d. Hepatoblastoma

Ans.				
	1. d. Anterior sacral…	**2.** a. Second	**3.** d. Primitive streak	**4.** c. Sacrococcygeal teratoma
	5. a. Neuroblastoma	**6.** a. Neuroblastoma	**7.** d. Sacrococcygeal teratoma	**8.** c. Sacrococcygeal…

B. TRAUMA

1. **Most common organ involved in blunt injury to the abdomen:** (JIPMER 2011, MCI March 2005)
   a. Spleen
   b. Liver
   c. Intestines
   d. Kidney

Ref: Sabiston 19/e p457-459; Schwartz 9/e p152-155; Bailey 25/e p348

2. **Investigation of choice for blunt trauma abdomen in unstable patient:** (PGI Dec 2000)
   a. X-ray abdomen
   b. USG
   c. Diagnostic Peritoneal lavage (DPL)
   d. MRI
   e. CT scan

3. **Babu is brought to the emergency as a case of road traffic accident. He is hypotensive. Most likely ruptured organ is:**
   a. Spleen
   b. Mesentery (All India 2001)
   c. Kidney
   d. Rectum

4. **Commonly injured in blunt abdominal injury is/are:**
   a. Mid ileum (PGI June 2001)
   b. Proximal jejunum
   c. Mid jejunum
   d. Distal ileum
   e. Ileocecal junction

Ref: Sabiston 19/e p463-464

5. **A driver wearing seat belt applied brake suddenly to avoid accident. Most common organ injured in seat belt injury:**
   a. Liver (AIIMS May 2013)
   b. Spleen
   c. Mesentery
   d. Abdominal aorta

Ref: Bailey 25/e p1003-1004

6. **Preferred incision for abdominal exploration in blunt injury abdomen is:** (All India 2007)
   a. Always midline incision
   b. Depending upon the organ
   c. Transverse incision
   d. Paramedian

Ref: Sabiston 19/e p455; Schwartz 9/e p155; Bailey 25/e p275, 287, 1184

7. **A case of blunt trauma is brought to the emergency, in a state of shock; he is not responding to IV crystalloids; next step in his management would be:** (All India 2001)
   a. Immediate laparotomy
   b. Blood transfusion
   c. Albumin transfusion
   d. Abdominal compression

Ref: Sabiston 19/e p456; Schwartz 9/e p155; Bailey 25/e p275; CSDT 12/e p228

8. **A patient developed hemoperitoneum following RTA, with BP 90/60 and pulse 140/min, which of the following to be done:**
   a. DPL to be done (PGI Dec 2003)
   b. Liver is the MC organ to rupture
   c. USG is better than CT scan
   d. X-ray to be taken in supine position
   e. Urgent surgery to be done

9. **A male patient with blunt trauma abdomen is hemodynamically stable. What is the next line of management:**
   a. Observation (All India 2008)
   b. Further imaging of abdomen
   c. Exploratory laparotomy
   d. Laparoscopy *Ref: CSDT 12/e p228*

10. **Best diagnostic test in stable patient with blunt trauma abdomen is:** (DNB 2012)
    a. CECT scan
    b. MRI
    c. DPL
    d. FAST

11. **Blunt injuries to the abdomen:** (JIPMER 2002)
    a. May cause peritonitis
    b. Rarely need urgent laparotomy
    c. May cause intestinal obstruction
    d. May cause gastroduodenal ulceration

12. **Which of the following is not true:** (DPG 2007)
    a. Spleen is most commonly injured in the blunt trauma
    b. Small intestine is most commonly injured in penetrating trauma
    c. Thoracic duct injury needs urgent thoracotomy
    d. Conservative treatment is preferred for solid organ injury

Ref: Bailey 25/e p731

13. **FAST stands for:** (AIIMS Nov 2013)
    a. Focused assessment with sonography for trauma
    b. Focused abdominal sonography for trauma
    c. Fast assessment with sonography for trauma
    d. Fast assignment with sonography and tomography (computed) *Ref: Sabiston 19/e p437*

14. **A man with blunt injury abdomen after road side accident has a blood pressure of 100/80 mm Hg and a pulse rate of 120/min. Airway has been established and respiration has been stabilized. Next best step in management is:**
    a. Immediate blood transfusion (All India 2009)
    b. Blood for cross matching and IV fluids
    c. Ventilate the patient
    d. Rush the patient to the OT

Ref: Advanced Trauma Life Support ATLS Manual 7/e p33, 34

Ans. **1.** a. Spleen **2.** b. USG **3.** a. Spleen **4.** b and e
5. c. Mesentery **6.** a. Always midline incision **7.** a. Immediate laparotomy **8.** c and e
9. b. Further imaging of… **10.** a. CECT **11.** b. Rarely need urgent… **12.** c. Thoracic duct…
13. a. Focused… **14.** b. Blood for cross…

15. A patient is brought to the emergency as a case of head injury, following a head on collision road traffic accident. His BP is 90/60 mmHg. Tachycardia is present. Most likely diagnosis is:
a. EDH (All India 2001)
b. SDH
c. Intracranial hemorrhage
d. Intra-abdominal bleed *Ref: CSDT 11/e p252*

16. A 40-year-old male drive had a car accident in which he got wedged in-between. He complained of severe abdominal pain with radiation to the back. The initial CT on admission was negative except for minimal retroperitoneal hematome. he diagnosis is: (ComedK 2010)
a. Liver injury
b. Duodenal perforation
c. Bowel rupture
d. Pancreatic injury *Ref: Sabiston 19/e p462*

17. True about indication of celiotomy in blunt trauma:
a. Peritoneal air on imaging (PGI June 2009)
b. Severe hypotension
c. Grade I spleen damage
d. Grade II liver damage
e. Patient with positive diagnostic peritoneal lavage
Ref: Sabiston 19/e p455-456; Schwartz 9/e p155; Bailey 26/e p359, 25/e p275, 287, 1184

18. A patient with abdominal injury presents to the emergency department with signs of signs of peritonitis and shock. Airway and breathing were secured and IV fluids were started with 2 large bore cannulas. The next line of management should be:
a. FAST (All India 2011)
b. Exploratory laparotomy under general anesthesia
c. Insertion of abdominal drain followed by laparotomy
d. Laparoscopy

19. The four points of probe placement in Focused Abdominal Sonogram for trauma (FAST) in blunt thoraco-abdominal trauma are: (Karnataka 2004)
a. Epigastrium, (R) hypochondrium, (L) Lower chest, hypogastrium
b. Epigastrium, (R) and (L) Hypochondria, (R) Iliac fossa
c. Epigastrium, (R) and (L) Lumbar regions, hypogastrium
d. Hypogastrium, (R) and (L) Lumbar regions, (R) lower chest *Ref: Sabiston 19/e p437*

20. Damage control surgery is: (AIIMS May 2013)
a. Minimal intervention done to stabilize the patient and do the definitive surgery later
b. Maximum possible surgical intervention is done immediately
c. Done during triage procedure
d. Done to control damage during surgery
Ref: Sabiston 19/e p438; Schwartz 9/e p166-167; Bailey 26/e p362-363

21. Which one of the following is not a part of the Revised Trauma Score: (UPSC 2001)
a. Glasgow coma scale
b. Systolic blood pressure
c. Pulse rate
d. Respiratory rate
Ref: Trauma Manual by Moore and Mattox 4/e p6; The Trauma manual: Trauma and Acute Care Surgery 3/e p5

22. Trauma and injury severity score (TRISS) includes:
a. GCS + BP + RR (All India 2010)
b. RTS + ISS + age
c. RTS + ISS + GCS
d. RTS + GCS + BP

23. Mangled Extremity Severity Score (MESS) includes all of the following except: (AIIMS May 2011)
a. Shock
b. Ischemia
c. Neurogenic injury
d. Energy of injury

24. First step in trauma:
a. Blood transfusion
b. IV fluids
c. Reconstruction
d. Maintenance of airways

25. A patient travelling with high speed met an road traffic accident. His clinical presentation includes BP 80/40mm Hg, bleeding from nose, suspected femoral fracture, cyanosed body, difficulty in respiration and decreased respiratory sound on right side. Initial management preference will be given to: (PGI Nov 2011)
a. Haemostatic anterior and posterior nasal packing
b. Thoracosotomy tube insertion
c. ETT in line with cervical canal
d. I.V Fluid immediate
e. Chest X-ray
Ref: Advanced Trauma Life Support (ATLS Manual 7/e p33-34; CSDT 11/e p205

26. Which of the following occurs in acute trauma:
a. Increase in insulin (JIPMER 2011)
b. Decrease in glucagon
c. Decrease in cortisol
d. Increase in thyroxine
Ref: Bailey 25/e p4-9; CSDT 11/e p103-105

27. In surgical stress all hormones are increased except:
a. Adrenaline
b. ACTH (PGI Nov 2011)
c. Epinephrine
d. Cortisol
e. Insulin

28. Early stage of trauma is characterized by: (All India 2003)
a. Catabolism
b. Anabolism
c. Glycogenesis
d. Lipogenesis

Ans.
15. d. Intra-abdominal… **16.** d. Pancreatic injury **17.** a, b, and e. **18.** b. Exploratory laparotomy…
19. c. {Epigastrium,… **20.** a. Minimal intervention… **21.** c. Pulse rate **22.** b. RTS +ISS +age
23. c. Neurogenic injury **24.** d. Maintenance of airways **25.** a, b, c, and d. **26.** d. Increase in thyroxine
27. e. Insulin **28.** a. Catabolism

29. In case of clearing airway one of the following is not included:
a. Neck tilt (AIIMS June 2005)
b. Mouth gag
c. Chin lift
d. Head lift

30. First step taken in case of multiple injuries of face and neck:
a. Blood transfusion (UPSC 2008)
b. IV fluids
c. Reconstruction
d. Maintenance of airways

31. In severe injury, first to be maintained is: (PGI June 2007)
a. Hypotension
b. Dehydration
c. Airway
d. Cardiac status

32. In trauma, which of the following is increased:
a. Epinephrine (PGI Dec 2001)
b. ACTH
c. Glucagon
d. Parathormone
e. Insulin

33. Which one of the following veins should be avoided for intravenous infusion in the management of abdominal trauma:
a. Cubital (UPSC 2001)
b. Cephalic
c. Long saphenous
d. External jugular

34. Following trauma, which hormone is not released:
a. Thyroxine (All India 2002)
b. Glucagon
c. ADH
d. GH

35. Protein metabolism after trauma is characterized by all of the following except (UPSC 2007)
a. Increased liver gluconeogenesis
b. Inhibition of skeletal muscle breakdown by IL-1 and TNF
c. Increased urinary nitrogen loss
d. Hepatic synthesis of acute phase reactants

36. In triage green color indicates: (COMEDK 2005)
a. Ambulatory patients
b. Dead or moribund
c. High priority treatment or transfer
d. Medium priority or transfer

37. Which colour of triage is given the highest priority:
a. Red (AIIMS Nov 2013)
b. Green
c. Yellow
d. Black *Ref: Sabiston 19/e p609-610*

38. A patient died after a blunt trauma to chest. Most common cause of death in blunt trauma to chest is:
a. Esophageal rupture
b. Tracheo-bronchial rupture
c. Pulmonary laceration
d. Pneumothorax

39. Commonest cause of death in penetrating injury of chest:
a. Tracheobronchial injury (AIIMS June 2000)
b. Esophageal rupture
c. Pulmonary laceration
d. Chylothorax *Ref: Sabiston 19/e p453*

40. A 40-year-old man brought to the emergency room with a stab injury to the chest. On examination patient is found to be hemodynamically stable. The neck veins are engorged and the heart sounds are muffled. The following statements are true for this patient except: (AIIMS Nov 2002)
a. Cardiac tamponade is likely to be present
b. Immediate emergency room thoracotomy should be done
c. Echocardiogram should be done to confirm pericardial blood
d. The entry wound should be sealed with an occlusive dressing

Ref: Sabiston 19/e p1667; Schwartz 9/e p107, 140; Bailey 26/e p848, 25/e p342

41. Following a major trauma a patient presented 54 hours later with raised JVP and CVP of 16 mm of Hg and persistent hypotension. Most probable diagnosis is:
a. Tension pneumothorax (PGI Dec 2000, Dec 2003)
b. Cardiac tamponade
c. Head injury
d. Splenic trauma
e. Air embolism

Ref: Sabiston 19/e p437, 1667; Schwartz 9/e p107, 140; Bailey 26/e p848, 25/e p342

42. Sitaram a 40-year-old man, met with an accident and comes to emergency department with engorged neck veins, pallor, rapid pulse and chest pain Diagnosis is: (AIIMS June 2000)
a. Pulmonary laceration
b. Cardiac tamponade
c. Hemothorax
d. Splenic rupture

43. A patient is brought to casualty with severe hypotension following a road traffic accident. No external injury is evident. The cause of hypotension is (AIIMS June 2001)
a. Fracture rib
b. Intrathoracic and abdominal bleed
c. Iatrogenic shock
d. Intracranial bleed

44. Which of the following is M.c. cause of hypotension in fracture ribs (T10 -T12): (AIIMS Nov 2007)
a. Abdominal solid visceral organ injury
b. Injury to aorta
c. Inter costal artery damage
d. Pulmonary contusion

Ref: Sabiston 19/e p456; Schwartz 9/e p; Bailey 25/e p

45. Treatment of acutely developing massive left sided hemothorax in a young male after an accident is:
a. Strapping of chest (AIIMS Nov 2003)
b. Tube thoracostomy
c. Endotracheal intubation + IPPV + pleural fluid aspiration
d. Conservative, wait and watch

Ans.
29. d. Head lift
30. d. Maintenance of airways
31. c. Airway
32. a, b and c
33. c. Long saphenous
34. a. Thyroxine
35. b. Inhibition of skeletal…
36. a. Ambulatory patients
37. a. Red
38. b. Tracheo-bronchial rupture
39. a. Tracheobronchial injury
40. b. Immediate emergency…
41. a and b
42. b. Cardiac tamponade
43. b. Intrathoracic and…
44. a. Abdominal solid visceral…
45. b. Tube thoracostomy

46. Treatment of rib fracture: (PGI Dec 2002)
a. Immediate thoracotomy
b. IPPV
c. Strapping
d. ICWSD

47. In case of blunt injury thorax, MC complication is:
a. Pneumothorax (AIIMS June 2002)
b. Rib fracture
c. Hemopneumothorax
d. Aortic rupture *Ref: Schwartz 9/e p175*

48. In a blast injury, which of the following organ is least vulnerable to the blast wave: (AIIMS June 2003)
a. G.I tract
b. Lungs
c. Liver
d. Ear drum
Ref: Sabiston 19/e p612-613; Bailey 26/e p430, 25/e p422-423

49. Most common organ injured in underwater explosion:
a. TM
b. GIT (MHSSMCET 2009)
c. Lungs
d. Heart

50. Aim of damage control laparotomy are: (PGI June 2009)
a. Provide fascial closure
b. Arrest hemorrhage
c. Control contamination
d. Prevent infection
e. Prevent coagulopathy
Ref: Sabiston 19/e p438; Schwartz 9/e p166-167

51. Aims of abbreviated laparotomy: (PGI June 2005)
a. Decreased change of infection
b. Early ambulation
c. Early wound healing
d. Hemostasis

52. Abbreviated laparotomy done for: (PGI Dec 2007)
a. Coagulopathy
b. Hypotension
c. Early wound healing
d. Early ambulation
e. Hemostasis

53. A 17-year-old boy is admitted to the hospital after a road traffic accident. Per abdomen examination is normal. After adequate resuscitation, his pulse rate is 80/min and BP is 110/70 mmHg. Abdominal CT reveals 1 cm deep laceration in the left lobe of the liver extending from the done more than half way through the parenchyma. Appropriate management at this time would be: (DPG 2011, UPSC 2005)
a. Conservative treatment
b. Abdominal exploration and packing of hepatic wounds
c. Abdominal exploration and ligation of left hepatic artery
d. Left hepatectomy
Ref: Sabiston 19/e p459-461; Schwartz 9/e p175; Bailey 25/e p1086-1088; Blumgart 5th/1806-1814; Shackelford 7/e p1479-1487

54. True about abdominal compartment syndrome:
a. ↓Cardiac output (PGI June 2009, Dec 2008)
b. ↓Urine output
c. ↓Pulmonary capillary wedge pressure
d. ↓Venous return
e. ↓Systemic vascular resistance
Ref: Sabiston 19/e p471-473; Schwartz 9/e p188-189

55. True about abdominal compartment syndrome include the following except: (MHSSMCET 2008)
a. >15 cm of H2O
b. Decreased pulmonary venous pressure
c. IAP Measured using Foley's catheterization of bladder
d. With >25-30 mm Hg IAP, life threatening hypoxia and ARDS can occur

56. Abdominal compartment syndrome is characterized by the following except: (UPSC 2007)
a. Hypercarbia and respiratory acidosis
b. Hypoxia due to increased peak inspiratory pressure
c. Hypotension due to decrease in venous return
d. Oliguria due to ureter obstruction

57. True about abdominal compartment syndrome:
a. Intra abdominal pressure >15 cm H2O
b. Pneumoperitoneum can produce it
c. ↑Renal blood flow
d. ↓Venous return
e. ↑Central blood volume

58. Increased intra abdominal pressure is/are associated with:
a. ↑Pulmonary capillary wedge pressure (PGI June 2004)
b. ↑Venous return
c. ↑Pulmonary inspiratory pressure
d. ↑Renal blood flow
e. ↑Cardiac output

59. True about abdominal compartment syndrome:
a. ↓Cardiac output (PGI Dec 2008)
b. ↓Urine output
c. ↓Venous return
d. ↓Systemic vascular resistance

60. Which of the following statements related to gastric injury is not true: (All India 2007)
a. Mostly related to penetrating trauma
b. Treatment is simple debridement and suturing
c. Blood in stomach is always related to gastric injury
d. Heals well and fast
Ref: Sabiston 19/e p461-462; Schwartz 9/e p178;Bailey 25/e p348

61. A young patient presents with a massive injury to proximal duodenum, head of pancreas and distal common bile duce. he procedure of choice in this patient should be:
a. Roux-en-Y anastomosis (All India 2008)
b. Pancreaticoduodenectomy (Whipple's operation)
c. Lateral tube jejunostomy
d. Retrograde jejunostomy
Ref: Sabiston 19/e p462-463, 1545; Schwartz 9/e p179; Bailey 25/e p1137-1138; Shackelford 7/e p1234-1239

Ans.	**46.** b. IPPV	**47.** b. Rib fracture	**48.** c. Liver	**49.** a. TM
	50. b, c, d and e.	**51.** d. Hemostasis	**52.** a and e.	**53.** a. Conservative management
	54. a, b and d.	**55.** b. Decreased pulmonary…	**56.** d. Oliguria due to ureter…	**57.** a and d.
	58. a. and c.	**59.** a, b and c.	**60.** c. Blood in stomach…	**61.** b. Pancreaticoduodenectomy…

62. Which of the following is used to define penetrating neck injury: (AIIMS May 2009, All India 2008)
a. 2 cm depth of wound
b. Injury to vital structures
c. Breach of platysma
d. Through and through wound

Ref: Sabiston 19/e p445-446; Schwartz 9/e p148-150

63. The probable cause of sudden death in a case superficial injury to neck is: (DNB 2005)
a. Injury to phrenic nerve
b. Air embolism through external jugular vein
c. Bleeding from subclavian artery
d. Injury to trachea *Ref: Bailey 25/e p75,76,1381,1382*

64. A man comes to emergency with stab injury to left flank. He has stable vitals. What would be the next step in management: (AIIMS Nov 2008)
a. CECT
b. Diagnostic peritoneal lavage
c. Laparotomy
d. Laparoscopy

Ref: Sabiston 19/e p456; Washington Manual of Surgery 5th/373

65. A patient with stab injury to anterior abdomen presents with a tag of omentum protruding through the abdominal wall near the umbilicus. On evaluation he is hemodynamically stable and shows no signs of peritonitis. Initial management of patient should involve: (All India 2011)
a. FAST
b. Exploratory Laparotomy
c. Local Wound Exploration and Suturing
d. CECT Abdomen

Ref: Practice Management Guidelines for Selective Non-operative Management of Penetrating Abdominal Trauma (Journal of Trauma; Vol 68, No. 3, March 2010

66. A 30-year-old gentleman after sustaining road traffic accident present in emergency with BP 100/60 mmHg, Pulse 120 min and CT scan shows splenic laceration at inferior border after 2 units of blood transfusion, patients conditions are: BP 120/70 mmHg and pulse 84/min; the next line of management is: (PGI June 2003)
a. Laparotomy
b. Splenorrhaphy
c. Continue the conservative treatment and take subsequent measures on monitoring the patient
d. Splenectomy
e. X-ray abdomen and aspiration

Ref: Trauma Manual by Moore and Mattox 4th/252

67. A child presents in causality in stable condition after a blunt abdominal trauma associated with splenic traume. reatment of choice is: **(AIIMS Nov 2000)**
a. Observation
b. Splenectomy
c. Arterial embolisation
d. Splenorrhaphy

68. True about blunt abdominal trauma with splenic rupture:
a. Kehr's sign-discoloration around umbilicus
b. Spleen is most common organ to be involved
c. Splenectomy is treatment of choice for splenic rupture
d. Cullen's sign seen (PGI June 2008)

69. A 30-year-old person met with a roadside accident. On admission his pulse rate was 120/ minute, BP was 100/60 mmHg. USG examination revealed laceration of the lower pole of spleen and hemoperitoneum. He was resuscitated with blood and fluid. wo hours later, his pulse was 84/ minute and BP was 120/70 mm Hg. The most appropriate course of management in this case would be: (DPG 2011)
a. Exploring the patient followed by splenectomy
b. Exploring the patient followed by excision of the lower pole of spleen
c. Splenorrhaphy
d. Continuation of conservative treatment under close monitoring system and subsequent surgery if further indicated

70. About trauma spleen false is: (DPG 2006)
a. Partial splenectomy cannot be done
b. Post splenectomy infection common
c. Can cause late onset shock
d. Mostly managed conservatively

71. Trauma to spleen in a stable patient is best diagnosed by:
a. X-ray abdomen (MCI Sept 2005, March 2008)
b. USG
c. CT scan
d. Diagnostic peritoneal lavage

72. Traumatic diaphragmatic injury except: (PGI Nov 2009)
a. Left side rupture due to weak left hemidiaphragm at point of entry of embryonic origin
b. Most commonly due to trauma
c. Smaller tears heal spontaneously and surgery is not required
d. Abdominal approach is the most favored
e. Mask ventilation is encouraged in patient with massive visceral herniation

Ref: Sabiston 19/e p454-455; Schwartz 9/e p175; Bailey 26/e p356-357, 25/e p344-345

73. True about diaphragmatic injury: (PGI Dec 2008)
a. Advise diagnostic laparoscopy
b. Chest X-ray is useful
c. Conservative management is done in most cases
d. Late complication is herniation of abdominal content
e. All penetrating diaphragmatic injury must be repaired via chest

74. About diaphragmatic injury, true statement is:
a. Treatment is conservative (AIIMS June 2002)
b. Resolves spontaneously
c. Left side is more common
d. Associated with pneumothorax

75. Diagnosis of traumatic rupture of diaphragm:
a. Laparoscopy (PGI June 2007)
b. Chest X ray

Ans.
62. c. Breach of platysma
63. b. Air embolism through…
64. a. CECT
65. d. CECT Abdomen
66. c. Continue the…
67. a. Observation
68. b and d
69. d. Continuation of…
70. a. Partial…
71. c. CT scan
72. c and e
73. a, b and d
74. c. Left side is more…
75. a and b

c. Diagnostic peritoneal lavage
d. CT

76. Prognosis in head injury is best given by: (AIIMS Nov 2006)
a. Glasgow coma scale
b. Age of patient
c. Mode of injury
d. CT head *Ref: Harrison 18/e p3381; Sabiston 19/e p1894*

77. Base of the skull fracture presents with involvement of the petrous temporal bone, which of the following important sign is seen: (UPPG 2007)
a. Subconjuctival hematoma
b. CSF rhinorrhoea
c. Raccoon eyes
d. Battle sign

78. A 20-year-old male come to causality with head injury. Examination reveals normal consciousness and blood in the tympanic membrane. Most likely cause is: (UPPG 2008)
a. Extradural hemorrhage
b. Subdural hemorrhage
c. Intraventricular hemorrhage
d. Basilar fracture
Ref: Bailey 26/e p314-315, 25/e p302; 24/e p595-599

79. The earliest manifestation of increased intracranial pressure following head injury is: (All India 2005)
a. Ipsilateral papillary dilatation
b. Contralateral papillary dilation
c. Altered mental status
d. Hemiparesis *Ref: Harrison 18/e p2257*

80. The term post traumatic epilepsy refers to seizures occurring: (AIIMS Nov 2002)
a. Within moment of head injury
b. Within 7 days of head injury
c. Within several weeks to months after head injury
d. Many years after head injury
Ref: Harrison 18/e p3256

81. After 4 weeks of head trauma, patient presents with features of irritability and altered sensorium. Commonest cause will be: (AIIMS Nov 2000)
a. Chronic subdural hematoma
b. Extradural hematoma
c. Intraparenchymal bleed
d. Electolyte imbalance
Ref: Harrison 18/e p3379; Sabiston 19/e p439; Schwartz 9/e p1525

82. After head injury, biconvex, lenticular shape hematoma in CT scan is characteristic of which of the following: (AIIMS June 2007)
a. Extradural hemorrhage
b. Subdural hemorrhage
c. Intracerebral hematoma
d. Diffuse-axonal injury

83. Which of the following is commonest source of extradural hemorrhage: (AIIMS Nov 2004)
a. Middle meningeal artery
b. Subdural venous sinus
c. Charcot's artery
d. Middle cerebral artery
Ref: Sabiston 19/e p439-441

84. CSF otorrhea is caused by: (AIIMS Nov 2006)
a. Fracture of cribriform plate
b. Fracture of parietal bone
c. Fracture of petrous temporal bone
d. Fracture of tympanic membrane
Ref: Bailey 25/e p302; 24/e p595-599

85. Management for CSF rhinorhoea is: (AIIMS Feb 2009)
a. Plain X-ray and packing of nose
b. Nasal packing only
c. Antibiotics and observation
d. Immediate surgery

86. After rupture of middle meningeal artery bleeding occurs in which region: (AIIMS Feb 2007)
a. Subdural bleed
b. Extradural bleed
c. Intracerebral bleed
d. Subarachnoid bleed

87. A patient with sudden headache, vomiting and unconsciousness, diagnosis is: (PGI June 2001)
a. Subarachnoid hemorrhage
b. Intracerebral hemorrhage
c. Subdural hemorrhage
d. Extradural hemorrhage

88. Hemostasis in scalp wound is best achieved by:
a. Direct pressure over the wound (AIIMS 2003)
b. Catching and crushing the bleeders by haemostats
c. Eversion of galea aponeurotica
d. Coagulation of bleeders

89. True about flail chest: (PGI June 2004)
a. Fracture of 3 or 4 ribs
b. Chest wall moves inwards during inspiration
c. Mechanical Ventilation always needed
d. Mediastinal shift
e. Ultimately leads to respiratory failure
Ref: Sabiston 19/e p1594; Schwartz 9/e p138, 175; Bailey 26/e p355, 25/e p343

90. What is the treatment of choice in severe fail chest:
a. IPPV
b. Strapping (UPSC 2008)
c. Wiring
d. Nasal Oxygen

91. The treatment of choice in severe flail chest:(All India 2004)
a. IPPV
b. Strapping
c. Wiring
d. Nasal oxygen

92. The immediate treatment of choice in most cases of flail chest is: (PGI 2002)
a. Analgesics
b. Positive pressure ventilation

Ans.
76. a. Glasgow coma scale **77.** d. Battle sign **78.** d. Basilar fracture **79.** c. Altered mental…
80. d. Many years after… **81.** a. Chronic subdural… **82.** a. Extradural hemorrhage **83.** a. Middle…
84. c. Fracture of petrous… **85.** c. Antibiotics and… **86.** b. Extradural bleed **87.** a. Subarachnoid…
88. c. Eversion of galea… **89.** a, b, and e. **90.** a. IPPV **91.** a. IPPV
92. a. Analgesics

c. Tracheostomy
d. Breathing exercises

93. Steering wheel injury on chest of a young man reveals multiple fractures of ribs and paradoxical movement with severe respiratory distress. X-ray shows pulmonary contusion on right side without pneumothorax. What is the initial treatment of choice: (UPSC 2007)

a. Immediate internal fixation
b. Endotracheal intubation and mechanical ventilation
c. Thoracic epidural analgesia and O2 therapy
d. Stabilization with towel clips

94. What is the treatment of choice in severe flail chest:

a. IPPV
b. Strapping
c. Wiring
d. Nasal Oxygen

95. True about flail chest are all except: (MCI March 2007)

a. Ultimately leads to respiratory failure
b. Paradoxical respiration
c. Fracture of 3-4 ribs
d. Mediastinal shift

96. IPPV is useful in: (MCI March 2009)

a. Hemopneumothorax
b. Pneumothorax
c. Flail chest
d. Hemothorax

97. Simple rib fracture should be treated with all except:

a. Analgesics (MHPGMCET 2007)
b. Physiotherapy
c. Early ambulation
d. Strapping of chest

98. A man presented with fractures of 4th to 10th ribs and respiratory distress after RTa. He is diagnosed to have flail chest and a PaO2 of <60%. Management is:

a. Tracheostomy (AIIMS June 2001)
b. IPPV with oral intubation
c. Fixation of ribs
d. Strapping of chest

99. A man is brought to casualty who met with RTa. He sustained multiple rib fractures with paradoxical movement of chest. Management is: (PGI June 2006)

a. Tracheostomy
b. Consult cardiothoracic surgeon
c. Strapping
d. Intermittent positive pressure ventilation
e. No intervention required

100. In traumatic transaction of the femoral artery and vein, which among the following should be done:

a. Femoral artery repair with vein ligation (PGI Dec 2001)
b. Repair of artery and vein
c. Ligation of femoral artery
d. Below knee amputation
e. Repair of artery with contralateral sympathectomy

Ref: Sabiston 19/e p1789

101. A person following a road-traffic accident presented in emergency with laceration of inguinal region. On examination, there was swelling of inguinal region and distal pulsation was felt; internal iliac artery was normal, common iliac and external femoral artery was normal but common femoral vein is transected. reatment of choice is:

a. Vein repair with continuity (PGI June 2003)
b. Sclerotherapy
c. Ligation of femoral artery and vein
d. Amputation below knee

102. In traumatic injury to common femoral vein and external femoral artery, which among the following should be done:

a. Ligation of both artery and vein (PGI Dec 2003)
b. Repair of artery and vein
c. Below knee amputation
d. Repair of artery and contralateral sympthectomy
e. Sclerotherapy

103. True about aortic transaction: (PGI June 2008)

a. Most commonly due to deceleration injury
b. High mortality
c. Surgery definitive treatment
d. Aortography gold standard

Ref: Sabiston 19/e p1793-1794; Schwartz 9/e p151, 172-173; Bailey 25/e p343; CSDT 11/e p257-259

104. Which of the following causes maximum bleeding:

a. Partial arterial severing (PGI 2005)
b. Complete arterial severing
c. Artery caught between fractured end of bones
d. Intimal tear

105. A patient presents in emergency with a cervical spine fracture. First thing to do is: (AIIMS 2007)

a. Locate the fracture by shifting the patient side to side
b. X-ray of spine
c. Clear the airway and intubate him
d. Immobilize the cervical spine

106. What will be the appropriate management of a patient with a clean wound over forearm with slight loss of tissue: He has received, tetanus toxoid 12 years back:

a. Complete course of TT (AIIMS June 2004)
b. Only one dose of TT
c. Full dose of Human tetanus Ig
d. No treatment needed

107. Limb salvage can be done in all except: (AIIMS Feb 2003)

a. Nerve injury
b. Vascular injury
c. Bone injury
d. Muscle injury

Ref: Bailey 26/e p891, 25/e p915

Ans.	**93.** b. Endotracheal…	**94.** a. IPPV	**95.** d. Mediastinal shift	**96.** c. Flail chest
	97. d. Strapping of chest	**98.** b. IPPV with oral…	**99.** d. Intermittent positive…	**100.** a. and b.
	101. a. Vein repair with…	**102.** b. Repair of artery…	**103.** a, b, c, and d.	**104.** c. Artery caught…
	105. d. Immobilize the…	**106.** b. Only one dose of TT	**107.** b. Vascular injury	

108. A patient after sustaining RTA, developed fracture left shaft of femur with guarding and rigidity in the abdomen. Following is to be done: (PGI Dec 2003)

a. X-ray of left lower limb and USG abdomen
b. Start IVF, Ryle's tube and catheterization
c. Stabilize the fracture and monitor the patient and do surgery if necessary later on
d. Grouping and cross matching of two unit of blood
e. Stabilize the fracture only *Ref: Sabiston 19/e p456*

109. Which one of the following is not a principle followed in the management of missile injuries: (UPSC 2004)

a. Excision of all dead muscles
b. Removal of foreign bodies
c. Removal of fragments of bone
d. Leaving the wound open

Ref: http://surgeryonline.wordpress.com/tag/missile-injuries/

110. When bullet is shot above pubic symphysis in midline directed backwards, first organ to get injuries is:

a. Bladder (DPG 2008)
b. Abdominal aorta
c. Left renal vein
d. Spleen *Ref: Schwartz 9/e p160-164; 8th/60-61*

111. In resection of muscle with history of trauma/crush injury, resection depends on: (PGI Dec 2006)

a. Contractility of muscle
b. Color of muscle
c. Bleeding punctuate spots
d. Size of muscle
e. Function of muscle

112. During reconstruction of an amputated limb which of the following is done first: (AIIMS Nov 2010)

a. Arterial repair
b. Venous repair
c. Fixation of the bone
d. Nerve anastomoses

Ref: Master Techniques in Orthopedic Surgery Series by Moran and Cooney (2008/487

113. Which of the following structures is fixed first during reimplantation of an amputated digit:

a. Bone
b. Artery
c. Vein
d. Nerve

114. Hypotension in acute spinal injury is due to:

a. Loss of sympathetic tone (AIIMS Nov 2006)
b. Loss of parasympathetic tone
c. Orthostatic hypotension
d. Vasovagal attack *Ref: Sabiston 19/e p441-444*

115. Due to decelerations, aorta can be ruptured at places where it is fixed except: (AIIMS May 2012)

a. At ligamentum arteriosum
b. Behind the esophagus
c. Behind the crura of diaphram
d. Aortic valve

Ref: Sevitt S. The mechanisms of traumatic rupture of the thoracic aorta. Br J Surg 1977; 64; 166

116. Criteria for brainstem death includes: (All India 2012)

a. Positive Doll's eye reflex
b. Absent pupillary light reflex and dilated pupils
c. Pinpoint pupils
d. Positive vestibulo-ocular reflex

Ref: Harrison 18/e p2252

117. Which of the following statement(s) is/are true about trauma injury: (PGI June 2009)

a. Seat belt can cause pancreato-duodenal injury
b. Late death is caused by sepsis
c. Damage Control Surgery (DCS) is used to control major bleeding and to prevent contamination of peritoneal cavity.
d. In DCS the abdomen is closed in layer to prevent evisceration
e. In DCS, laparotomy is decided based on patient prognosis

Ref: Bailey 26/e p302, 25/e p1003-1004

118. Seat belt causes injury to: (MAHE 2004)

a. Duodenum
b. Head injury due to wind screen
c. Thorax
d. All

119. Organ most commonly damaged in penetrating injury of abdomen is: (AIIMS Nov 2004)

a. Liver
b. Small intestine
c. Large intestine
d. Duodenum

120. Treatment of choice for stab injury caecum: (All India 2008)

a. Cecostomy
b. Ileo-transverse anastomosis
c. Transverse colostomy
d. Sigmoid colostomy

Ref: Sabiston 19/e p465

Ans. **108.** a, b and d. **109.** c. Removal of fragments… **110.** b. Abdominal aorta **111.** a, b and c.
112. c. Fixation of the bone **113.** a. Bone **114.** a. Loss of sympathetic… **115.** b. Behind the esophagus
116. b. Absent pupillary… **117.** a, b, c, and e. **118.** a. Duodenum **119.** b. Small intestine
120. b. Ileo-transverse…

C. TRANSPLANTATION

1. All are true about intestinal transplant except:
a. Principal barrier to widespread application is vigorous rejection reactions (JIPMER GIS 2011)
b. Severe form of GVHD occurs when T cells of graft respond to foreign HLA cells
c. Uniquely dangerous complication is loss of protective mucosal barrier, bacterial translocation and severe sepsis
d. Majority of intestinal grafts are multivisceral grafts

Ref: Sabiston 19/e p682-689; Schwartz 9/e p1010; Bailey 25/e p1427-1428; Schackelford 7/e p1008-1012

2. Kidney transplantation is an: (DNB 2009, ComedK 2006)
a. Allograft
b. Isograft
c. Xenograft
d. Synergic graft

Ref: Schwartz 9/e p273; Bailey 26/e p1408, 25/e p1408

3. Transplantation between genetically different members of the same species is termed as: (ComedK 2009)
a. Autograft
b. Isograft
c. Allograft
d. Xenograft

4. A kidney transplant between identical twins is an example of: (ComedK 2011)
a. Isograft
b. Allograft
c. Autograft
d. Xenograft

5. An isograft indicates transfer of tissues between:
a. Unrelated donors (All India 93)
b. Related donors
c. Monozygotic twins
d. From the same individual

6. The advantage of bladder drainage over enteric drainage after pancreatic transplantation is better monitoring of:
a. HBA1C levels (All India 2009)
b. Amylase levels
c. Glucose levels
d. Electrolyte levels

Ref: Sabiston 19/e p675-679; Schwartz 9/e p290-295; Bailey 26/e p1427, 25/e p1425-1426; Blumgart 5/e p1796-1805; Shackelford 7/e p1251-1260

7. Site of transplantation in islet cell transplant for diabetes mellitus: (PGI 2004)
a. Forearm muscles
b. Pelvis
c. Thigh
d. Injected into the portal vein

Ref: Bailey 26/e p1427, 25/e p1425

8. Expanded criteria for liver donation include all of the following except: (All India 2012)
a. Taken from diseased individual after brain death
b. Hepatitis B serology positive
c. Age of donor may be >70 years
d. Can be taken from individual with mild hepatic steatosis

Ref: Sabiston 19/e p662

9. Extended criteria for liver donation include all of the following except: (All India 2012, AIIMS GIS Dec 2011)
a. Donor age >70 years
b. HBsAg positive donor
c. Mild hepatic steatosis
d. Donor after cardiac death

10. Indications of Liver transplantation are all, except:
a. Biliary (PGI June 2005)
b. Sclerosing cholangitis
c. Hepatitis A
d. Cirrhosis
e. Fulminant hepatic failure

Ref: Harrison 18/e p2607-2608

11. Auxiliary orthotopic liver transplant is indicated for:
a. Metabolic liver disease (AIIMS May 2008)
b. As a standby procedure until finding a suitable donor
c. Drug induced hepatic failure
d. Acute fulminant liver failure for any cause

Ref: Blumgart 5/e p1689-1693

12. Reduced liver transplants: (GB Pant 2011)
a. Given to two recipients after dividing into two parts
b. Left lateral lobe divided and given to child
c. Left lateral segment divided from segment 2 and given to child
d. Part of liver segment transplanted into recipient depending upon requirement

13. All are scoring system used in liver transplant except
a. CTP
b. PELD
c. MELD
d. MPI

14. Liver transplantation was first done by: (JIPMER 2006)
a. Starzl
b. Huggins
c. Carrel
d. Christian Bernard

15. All are marginal liver donor except:
a. Older donor
b. HBV core antibody positive donors
c. Moderate steatosis
d. Severe hepatitis

Ans.
1. d. Majority of… **2.** a. Allograft **3.** c. Allograft **4.** a. Isograft
5. c. Monozygotic twins **6.** b. Amylase levels **7.** d. Injected into… **8.** a. Taken from…
9. b. HBsAg positive... **10.** c. Hepatitis A **11.** a and d **12.** d. Part of liver…
13. d. MPI **14.** a. Starzl **15.** d. Severe hepatitis

16. A 65-year-old male with cirrhosis would be unsuitable for liver transplantation in the presence of:
a. CTP 'B'
b. HCC <5 cm
c. Ascites
d. Age >65 years
e. Active alcohol abuse

17. Which of the following is not an indication for liver transplantation: (DNB 2002)
a. Fatty liver
b. HIV
c. Willson's disease
d. Primary hyperoxaluria

18. Acute cellular rejection following solid organ transplantation occurs: (COMEDK 2011)
a. Within minutes to hours of transplantation
b. Within 48 hours of transplantation
c. Between 5 to 30 days of transplantation
d. Beyond 30 days after transplantation

Ref: Schwartz 9/e p274-275; Bailey 26/e p1408-1412, 25/e p1408-1412

19. Hyperacute rejection is due to: (AIIMS Nov 2012)
a. Preformed antibodies
b. Cytotoxic T-lymphocyte medicated injury
c. Circulating macrophage mediated injury
d. Endothelitis caused by donor antibodies

20. Most important HLA for organ transplantation and tissue typing: (MAHE 2000)
a. HLA-A
b. HLA-B
c. HLA-C
d. HLA-D *Ref: Bailey 26/e p1409-1412, 25/e p1408-1412*

21. HLA matching is not necessary in which of the following organ transplantation: (JIPMER 2002)
a. Liver
b. Bone marrow
c. Pancreas
d. Kidney

22. Immunological rejection is mediated by recipients:
a. Eosinophils
b. Lymphocytes
c. Neutrophils
d. Plasma cells *Ref: Bailey 25/e p1409*

23. Transplantation of which one of the following organs is most often associated with hyper-acute rejection:
a. Heart (UPSC 2006)
b. Kidney
c. Lungs
d. Liver

24. Hyperacute rejection of graft is seen in:
a. Lung (MHSSMCET 2006, 2008, All India 2003)
b. Liver
c. Kidney
d. Pancreas

25. Dr. Christian Bernard performed the 1st hear transplant in the year: (Kerala 2007)
a. 1962
b. 1965
c. 1969
d. 1967 *Ref: Bailey 25/e p1428*

26. Dr. Christian Bernard is associated with: (DNB 2009)
a. Heart transplant
b. Renal transplant
c. Liver transplant
d. Hair transplant

27. Renal transplantation is most commonly done in:
a. Chronic glomerulonephritis (PGI Dec 2006)
b. Bilateral staghorn calculus
c. Horse shoe kidney
d. Oxalosis *Ref: Campbell 10/e p1226-1227*

28. Commonest malignancy in renal transplant recipient is:
a. Skin cancer (AIIMS Nov 2005)
b. Renal cell carcinoma
c. Non-Hodgkin's lymphoma
d. Hodgkin's lymphoma

Ref: Bailey 26/e p1415-1416, 25/e p1415-1416

29. Highest chance of success in renal transplant is seen when the donor is the: (NIMHANS 2006)
a. Identical twin
b. Father
c. Mother
d. Sister
e. Husband

30. Principal cause of death in renal transplant patients:
a. Uremia (AIIMS 2002)
b. Malignancy
c. Rejection
d. Infection *Ref: Campbell 10/e p1251-1253*

31. Investigation of choice in the early phase of renal transplant: (Kerala 2003)
a. IVP
b. Retrograde cystourethrogram
c. Ultrasonogram
d. CT Scan

Ref: Bailey 26/e p1425, 25/e p1423

32. Infection in renal transplant patient is usually caused by:
a. CMV (Rohtak 2002)
b. HIV
c. Herpes
d. Salmonella
e. Pneumococcus

33. Most common type of renal transplantation in India is:
a. Allograft (All India 2004)
b. Autograft
c. Isograft
d. Xenograft

Ans.
16. e. Active alcohol abuse **17.** b. HIV **18.** c. Between 5 to 30… **19.** a. Performed antibodies
20. d. HLA-D **21.** a. Liver **22.** b. Lymphocytes **23.** b. Kidney
24. c. Kidney **25.** d. 1967 **26.** a. Heart transplant **27.** a. Chronic glomerulonephritis
28. a. Skin cancer **29.** a. Identical twin **30.** d. Infection **31.** c. Ultrasonogram
32. a. CMV **33.** a. Allograft

34. Most common disease caused by CMV in a post renal transplant patients: (JIPMER 2011)

a. Pyelonephritis
b. Meningitis
c. Pneumonia
d. GI ulceration

35. Post-transplant lymphoma is most commonly associated with: (AIIMS May 2012)

a. EBV
b. CMV
c. Herpes simplex
d. HHV-6

Ref: Sabiston 19/e p648; Bailey 25/e p1415; Anantnarayan 8/e p475

36. Indications of lung transplantation:

a. COPD
b. Alpha-1 antitrypsin deficiency
c. Cystic fibrosis and brochiectasis
d. All of the above *Ref: Sabiston 19/e p1589*

37. Amputated digits are preserved: (AIIMS GIS Dec 2011)

a. Cold saline
b. Cold Ringer Lactate
c. Plastic bag in ice
d. Deep freezer *Ref: Sabiston 19/e p1973; Schwartz 9/e p1622*

38. Allopurinol is used in organ preservation as: (AIIMS May 2009)

a. Antioxidant
b. Preservative
c. Free radical scavenger
d. Precursor for energy metabolism

Ref: Schwartz 9/e p282; Bailey 26/e p1421, 25/e p1418

39. In which of the following year the transplantation of human organs act was passed by Government of India:

a. 1994
b. 1996
c. 2000
d. 2002 *Ref: www.medindia.net › Health Acts in India*

40. Commonest complication of immunosuppression is: (NIMHANS 2009)

a. Malignancy
b. Graft rejection
c. Infection
d. Thrombocytopenia

41. Following drugs are known immunosuppressive agent except: (AIIMS 2000)

a. Prednisolone
b. Cephalosporin
c. Azathioprine
d. Cyclosporine-A

42. Steroids are used in transplantation: (TN 2003)

a. To prevent graft rejection
b. To prevent infection
c. To speed up recovery
d. To enhance immunity

43. Which of the following organs/tissues are presently not being used for organ/tissue transplantation: (All India 2011)

a. Blood vessels
b. Lung
c. Liver
d. Urinary Bladder

Ref: Essentials of General Surgery by Lawrence 4/e p475

44. Cold ischemic time of the kidney should be ideally below: (DNB 2010)

a. 2 hours
b. 6 hours
c. 12 hours
d. 24 hours *Ref: Bailey 26/e p1421*

Ans.	**34.** c. Pneumonia	**35.** a. EBV	**36.** d. All of the above	**37.** c. Plastic bag in ice
	38. c. Free radical…	**39.** a. 1994	**40.** c. Infection	**41.** b. Cephalosporin
	42. a. To prevent graft…	**43.** d. Urinary bladder	**44.** None c. 12 hours	

D. ANESTHESIA AND PERIOPERATIVE COMPLICATIONS

1. A young male presented with dyspnea, bleeding and petechial hemorrhage in the chest after 2 days following fracture shaft of the femur right side. Most likely cause is: (UPPG 2008)
a. Air embolism
b. Fat embolism
c. Pulmonary thromboembolism
d. Amniotic fluid embolism

Ref: Apley's 8/e p535-536, Rockwood 6/e p553

2. Reactionary hemorrhage occurs: (UPPG 2010)
a. After 24 hours
b. After 48 hours
c. Within 24 hours
d. After 7 days *Ref: Bailey 26/e p19-20, 25/e p19-20*

3. Secondary hemorrhage is due to: (DPG 2005)
a. Slipped ligature
b. Occurs 7-16 days after surgery
c. Due to disconnection of blood transfusion line
d. None of the above

4. Post-dural puncture headache is typically:
a. A result of leakage of blood into the epidural space
b. Worse when lying down than in sitting position
c. Bifrontal or occipital (AIIMS June 2003)
d. Seen within 4 hours of dural puncture

Ref: Harrison 18/e p43

5. In the immediate post operative period, the common cause of respiratory insufficiency could be because of the following except (AIIMS June 2003)
a. Residual effect of muscle relaxant
b. Overdose of narcotic analgesic
c. Mild hypovolemia
d. Myocardial infarction *Ref: Bailey 26/e p15, 25/e p15, 261*

6. A patient undergoing surgery suddenly develops hypotension. The monitor shows that the end tidal CO2 has decreased abruptly by 155 mm Hg. What is the probable diagnosis: (AIIMS June 2003)
a. Hypothermia
b. Pulmonary embolism
c. Massive fluid deficit
d. Myocardial depression due to anesthetic agent

Ref: Harrison 18/e p2170-2177;
Sabiston 19/e p295-297; Bailey 25/e p939

7. A patient developed respiratory distress and hypoxemia after central venous catheterization through internal jugular vein, reason for this is: (AIIMS Nov 2000)
a. Pneumothorax
b. Hypovolemia
c. Septicemia
d. Cardiac tamponade

Ref: Complications in Anesthesiology by Kirby (2007/169

8. An elective surgery is to be done in a patient taking heavy doses of aspirin. Management consists of: (All India 2000)
a. Proceed with surgery
b. Stopping aspirin for 7 days and then do surgery
c. Preoperative platelet transfusion
d. Intra operative platelet transfusion

Ref: www.facs.org › surgerynews › surgerynewsupdat 2012

9. Commonest artery for cannulation is: (PGI June 2000)
a. Radial
b. Ulnar
c. Brachial
d. Cubital *Ref: Lee Anesthesia 12/e p25*

10. A two months old infant has undergone a major surgical procedure. Regarding postoperative pain relief which one of the following is recommended: (All India 2006)
a. No medication is needed, as infant does not feel pain after surgery due to immaturity of nervous system
b. Only paracetamol suppository is adequate
c. Spinal narcotics via intrathecal route
d. Intravenous narcotic infusion in lower dosage

Ref: Schwartz 9/e p1414

11. Air embolism in neural surgery maximum in which position: (PGI Dec 2007)
a. Sitting
b. Supine
c. Trendelenberg
d. Left lateral
e. Right lateral

Ref: http://emedicine.medscape.com/article/761367-overview

12. Most common coagulopathy noted in surgical patients is: (AIIMS 2003)
a. Thrombocytopenia
b. Afibrinogenemia
c. Fibrinolysis
d. Factor VIII deficiency *Ref: Schwartz 9/e p72, 8/e p69*

13. Presence of trifluroacetic acid (TFA) in urine indicates that volatile anesthetic agent used was: (JIPMER 2004)
a. Halothane
b. Methoxyflurane
c. Trichloroethylene
d. None of the above

Ref: en.wiksipedia.org/wiki/Halothane

Ans.
1. b. Fat embolism
2. c. Within 24 hours
3. b. Occurs 7-16 days…
4. c. Bifrontal or occipital
5. c. Mild hypovolemia
6. b. Pulmonary embolism
7. a. Pneumothorax
8. b. Stopping aspirin for 7…
9. a. Radial
10. d. Intravenous narcotic…
11. a. Sitting
12. a. Thrombocytopenia
13. a. Halothane

E. ROBOTICS, LAPAROSCOPY AND BARIATRIC SURGERY

1. Cancers associated with excess fat intake are/is: (PGI Dec 2000)
a. Breast
b. Colon
c. Prostate
d. Lung
e. Thyroid

Ref: Sabiston 19/e p359; Schwartz 9/e p951

2. Bariatric surgical procedures include all except: (AIIMS Nov 2008)
a. Gastric banding
b. Gastric bypass
c. Biliopancreatic diversion
d. Ileal transposition

Ref: Sabiston 19/e p363; Schwartz 9/e p952

3. All of the following are primarily restrictive operations for morbid obesity, except: (All India 2010)
a. Vertical band gastroplasty
b. Duodenal switch operation
c. Roux-en-Y operation
d. Laparoscopic adjustable gastric banding

4. Complication (s) of obesity is/are: (PGI Nov 2010)
a. Venous ulcer
b. Pulmonary embolism
c. Mortality
d. Prostate cancer
e. Pulmonary hypertension

Ref: Sabiston 19/e p359; Schwartz 9/e p951

5. Morbid obesity is BMI greater than: (MHSSMCET 2006)
a. 25
b. 30
c. 40
d. 45

Ref: Schwartz 9/e p950

6. The most effective bariatric surgery with treatment in the form of weight loss for morbid obesity is: (MHSSMCET 2008)
a. Roux-en-Y surgery
b. Biliopancreatic diversion
c. Vertical banded gastroplasty
d. Any of the above

Ref: Sabiston 19/e p371; Schwartz 9/e p968

7. In Duodenal switch operation, which of the following is not done: (MHSSMCET 2010)
a. Cholecystectomy
b. Appendectomy
c. Jejunoileal anastomosis
d. Distal gastrectomy

Ref: Sabiston 19/e p372; Schwartz 9/e p968

8. Peterson hernia: (MHSSMCET 2010)
a. An internal hernia occurring behind Roux-en-Y limb
b. An internal hernia occurring through window in the transverse mesocolon
c. Cervical hernia
d. None

9. Vertical banded gastroplasty also known as stomach stapling is done for: (DNB 2010)
a. Gastric carcinoma
b. Achalasia cardia
c. Perforated gastric ulcer
d. Morbid obesity

10. The intra-abdominal pressure during laparoscopy should be set between: (DNB 2011, AIIMS Nov 2003)
a. 5-8 mm of Hg
b. 10-15 mm of Hg
c. 20-25 mm of Hg
d. 30-35 mm of Hg

Ref: Sabiston 19/e p418-419; Schwartz 9/e p361

11. Gases for pneumoperitoneum: (MCI Sept 2009, PGI June 2007)
a. CO_2
b. N_2
c. Room air
d. N_2O

Ref: Sabiston 19/e p418-419; Schwartz 9/e p361

12. Which gas is used in laparoscopy: (DNB 2012)
a. CO_2
b. N_2O
c. O_2
d. N_2

13. Layers which are penetrated with trocar and cannula in production of pneumoperitoneum are: (PGI June 2005)
a. Skin and superficial fascia
b. Deep fascia
c. Rectus abdomnis
d. Transversus abdomnis
e. Rectus sheath

14. Shoulder pain post laparoscopy is due to:(AIIMS Nov 2007)
a. Subphrenic abscess
b. CO_2 retention
c. Positioning of the patient
d. Compression of the lung

15. A lady presented in the emergency department with a stab injury to the left side of the abdomen. She was hemodynamically stable and a contrast enhanced CT scan revealed a laceration in spleen. Laparoscopy was planned, however, the patients PO2 suddenly dropped as soon as the pneumoperitoneum was created. What is the most likely cause: (All India 2010)
a. Gaseous embolism through splenic vessels
b. Injury to the left lobe of the diaphragm
c. Inferior vena cava compression
d. Injury to colon

Ref: Laparoscopic Surgery by Garcia & Jacobs/25

Ans. **1.** a, b, and c. **2.** d. Ileal transposition **3.** b. Duodenal switch… **4.** a, b, c, d, and e.
5. c. 40 **6.** b. Biliopancreatic diversion **7.** d. Distal gastrectomy **8.** a. An internal hernia…
9. d. Morbid obesity **10.** b. 10-15 mm of Hg **11.** a, c, and d. **12.** a. CO_2
13. a. Skin & superficial… **14.** b. CO_2 retention **15.** a. Gaseous…

16. Day care surgery can be done in: (PGI Nov 2010)
- a. Lateral sphincterotomy
- b. Rhinoplasty
- c. Orchidectomy
- d. Total thyroidectomy
- e. Sub-cutaneous mastectomy *Ref: Bailey 25/e p198, 268*

17. Advantage of minimal access surgery: (PGI Nov 2010)
- a. ↑ Heat loss
- b. Better Hemostasis control
- c. Improved vision
- d. ↓ in wound pain
- e. Improved Mobility *Ref: Bailey 25/e p247-249*

18. Minimal invasive surgery includes all except: (MHPGMCET 2002)
- a. FESS
- b. Lap cholecystectomy
- c. Endoscopic sclerotherapy
- d. PCNL *Ref: Bailey 25/e p247-249*

20. Instrument used to create artificial pneumoperi-toneum in laparoscopy: (MHSSMCET 2008)
- a. Maryland forceps
- b. Veres needle
- c. Trocar
- d. All of the above

21. Not a complication of laparoscopy: (MHSSMCET 2008)
- a. Diaphragmatic rupture
- b. Vascular injury
- c. Pneumothorax
- d. Pneumomediastinum

Ref: Bailey 25/e p253

22. Complications of laparoscopy: (MHSSMCET 2009)
- a. Diaphragmatic rupture
- b. Vascular injury
- c. Pneumothorax
- d. All of the above

Ans. **16.** a, b, c and e **17.** a, d and e **18.** d. PCNL **19.** b. 12-15 mm Hg
20. b. Veress needle **21.** d. Pneumomediastinum **22.** d. All of the above

F. SUTURES AND ANASTOMOSES

1. **Disparity of the bowel ends during end to end anastomosis is corrected by:** (Karnataka 2004)
   a. Cheatle's maneuver
   b. Connell suture
   c. Lambert suture
   d. Czerny technique

Ref: Bailey 26/e p42-44, 25/e p242-246

2. **In abdominal surgery Lembert sutures refers to:** (Karnataka 2006)
   a. Single layer suturing
   b. Sero-muscular sutures
   c. All coat intestinal suturing
   d. Skin suturing

3. **Colonic anastomosis is most likely to rupture on which post-op day:** (MHSSMCET 2005)
   a. 1-2 days
   b. 3-4 days
   c. After 7 days
   d. After 14 day

4. **Regarding vascular surgery distal to popliteal artery, which of the following is true:** (MHSSMCET 2006)
   a. Suture with polypropylene
   b. 6-0 suture used
   c. Needle pass from within outwards
   d. All the above

Ref: Bailey 26/e p44-45, 25/e p244-246

5. **When knots are cut short, the free ends of 'ears' should be left at least _____ mm long:** (MHSSMCET 2008)
   a. 1-2 mm
   b. 3-4 mm
   c. 5-6 mm
   d. 7-8 mm

6. **The single layer extramucosal anastomosis was popularized by:** (MHSSMCET 2008)
   a. Carrel
   b. Antoine Lambert
   c. Norman Matheson
   d. Emil Theodar Kocher

7. **On table colonic lavage was used for first time in 1968 by:** (MHSSMCET 2008)
   a. Muir
   b. Carrel
   c. Connell
   d. Lembert

Ref: www.ncbi.nlm.nih.gov › ... ›
Ann R Coll Surg Engl › v.75(3); May 1993

8. **Carrel's triangle is used in:** (MHSSMCET 2008)
   a. Vascular anastomosis
   b. Bowel anastomosis
   c. Tendon repair
   d. Nerve repair

9. **Which of the following is a non absorbable suture:** (NEET Pattern, All India 2008)
   a. Polypropylene
   b. Vicryl
   c. Catgut
   d. Polydioxanone

Ref: Bailey 26/e p37-38, 25/e p236-239

10. **Absorbable sutures are:** (PGI June 2004)
    a. Catgut
    b. Silk
    c. Polypropylene
    d. Polyglycolic acid
    e. Vicryl

11. **Catgut is prepared from submucosal layer of the intestine of:** (DNB 2005, 2000)
    a. Cat
    b. Sheep
    c. Human being
    d. Rabbit

Ref: Bailey 26/e p37-38, 25/e p236-239

12. **Vicryl, the commonly used suture material is a:** (UPSC 2000)
    a. Homopolymer of polydiozanone
    b. Co-polymer of glycolide and lactide
    c. Homopolymer of glycolide
    d. Homopolymer of lactide

13. **PDS is absorbed within:** (MAHE 2001)
    a. 7 days
    b. 21 days
    c. 100 days
    d. 225 days

14. **Surgically used suture material polydioxanone (PDS):** (ComedK 2005)
    a. Is non absorbable and remains encapsulated
    b. Undergoes hydrolysis and complete absorption
    c. Undergoes phagocytosis and enzymatic degradation
    d. Is specifically used for heart valves or synthetic grafts

Ref: Bailey 25/e p237

15. **The surgeon who introduce catgut in surgery was:** (MAHE 2005)
    a. Astley Cooper
    b. Lord Lister
    c. John Hunter
    d. Syme

16. **Which of the following is a delayed absorbable synthetic suture material:** (DPG 2009 Feb)
    a. Chromic catgut
    b. Vicryl
    c. Silk
    d. Nylon

Ans.
1. a. Cheatle's maneuver
2. b. Sero-muscular sutures
3. c. After 7 days
4. d. All of the above
5. a. 1-2 mm
6. c. Norman Matheson
7. a. Muir
8. a. Vascular anastomosis
9. a. Polypropylene
10. a, d, and e.
11. b. Sheep
12. b. Co-polymer of…
13. d. 225 days
14. b. Undergoes hydrolysis…
15. c. John Hunter
16. b. Vicryl

17. Which of the following is not absorbable suture: (DNB 2011, APPG 2008)

a. Catgut
b. Polyamide
c. Polyglactin
d. Polyester

18. Which one of the following is used as preservative for packing catgut suture: (AIIMS Nov 2002)

a. Isopropyl alcohol
b. Colloidal iodine
c. Glutaraldehyde
d. Hydrogen peroxide

19. Which of the following is ideal time to removal of scalp suture: (MHSSMCET 2009)

a. 3 days
b. 5 days
c. 7 days
d. 10 days

Ref: Sabiston 18/e p2134

20. Suture material used for laparoscopic choledochotomy repair: (MHSSMCET 2010)

a. Silk
b. Catgut
c. Polyethylene
d. Vicryl

Ans. **17.** d. Polyester **18.** a. Isopropyl alcohol **19.** c. 7 days **20.** d. Vicryl

G. STERILIZATION AND INFECTION

1. A 60-year-old lady underwent abdominal surgery and on the 4th post-operative day she was diagnosed to have systemic inflammatory response syndrome (SIRS). What are the features of SIRS: (UPSC 2004)
a. Normal body temperature and normal respiratory rate
b. WBC >12x109/L or <4x109/L
c. Respiratory rate >24 breaths/minute and heart rate >90 beats/minute
d. Respiratory rate <10 breaths/minute

Ref: Sabiston 19/e p590; Schwartz 9/e p116-117; Bailey 25/e p/37-38

2. SIRS with established source of infection is known as:
a. Sepsis
b. Severe sepsis
c. Septic shock
d. MODS

3. Indicator of hypoperfusion in severe sepsis:
a. Systolic BP <90 mmHg
b. Lactic acidosis
c. Oliguria
d. All of the above

4. Ways to prevent a highly infectious disease transmitted by aerosol; precautions used: (PGI Dec 2007)
a. Isolation ward
b. Facemask
c. Keep isolated in a room with positive pressure
d. Keep isolated in a room with negative pressure
e. Cohort nursing

Ref: Prevention of Hospital Acquired Infection by WHO

5. Use of all the following significantly decreases airborne infection in operating room except: (UPSC 2000)
a. Laminar air flow
b. Air-conditioning
c. Ultraviolet light
d. Microfilters

6. A chest physician performs bronchoscopy in the procedure room of the out patient department. To make the instrument safe for use in the next patient waiting outside, the most appropriate method to disinfect the endoscope is by:
a. 70% alcohol for 5 min (All India 2003)
b. 2% glutaraldehyde for 20 min
c. 2% formaldehyde for 10 min
d. 1% sodium hypochlorite for 15 min *Ref: Bailey 24/e p135*

7. All the following are sporicidal agents except:
a. Ethylene oxide (JIPMER 2010)
b. Phenol
c. Ozone
d. Gluteraldehyde *Ref: Anantnarayan 7/e p31*

8. Flexible endoscopes are best sterilized with:
a. Formaldehyde (MHSSMCET 2008, MHPGMCET 2007)
b. Ethylene oxide
c. Gamma irradiation
d. Peracetic acid

9. True about management of necrotizing soft tissue infection:
a. Broad spectrum antibiotics should be started
b. Penicillin is not usually effective due to resistant strains
c. Immediate debridement + IV antibiotic has main role in treatment (PGI Nov 2011)
d. Hyperbaric O2 is useful
e. Amputation always indicated

Ref: Sabiston 19/e p2011; Bailey 25/e p/39-40

10. False about cellulitis: (PGI Nov 2010)
a. Caused by Strep. pyogenes
b. Causes SIRS
c. Localized infection
d. Abscess if any should be managed conservatively
e. I and D of abscess should be done

Ref: Sabiston 19/e p1740; Schwartz 9/e p126-127; Bailey 25/e p/37

11. Extensive surgical debridement, decompression or amputation may be indicated in the following clinical setting except: (UPSC 2007)
a. Progressive synergistic gangrene
b. Acute thrombophlebitis
c. Acute hemolytic streptococcal cellulitis
d. Acute rhabdomyolysis

12. Cellulitis is most commonly caused by:
a. Clostridia (MCI Sept 2008, 2010)
b. Staphylococci
c. Streptococci
d. H. influenza

13. All of the following statements about necrotizing fasciitis are true, except: (All India 2009)
a. Infection of fascia and subcutaneous tissue
b. Most commonly caused by Group A beta hemolytic streptococci
c. Most commonly site is perineum followed by trunk and extremities
d. Surgical debridement is mandatory

14. Erysipelas is caused by: (PGI 2002)
a. Staph aureus
b. Staph albus
c. Strep pyogenes
d. Hemophilus

Ref: Bailey 25/e p/600

15. Following are true of erysipelas except: (AIIMS 2008)
a. Streptococcal infection
b. Contagious and infectious
c. Margins are raised
d. Common in tropics

Ans.
1. b and c **2.** a. Sepsis **3.** d. All of the above **4.** a. b and d
5. b. Air-conditioning **6.** b. 2% glutaraldehyde for… **7.** b. Phenol **8.** d. Peracetic acid
9. a, c and d **10.** c and d **11.** b. Acute thrombophlebitis **12.** c. Streptococci
13. c. Most commonly… **14.** c. Strep pyogenes **15.** b and d

16. Chronic thick walled pyogenic abscess may be due to the following except: (AIIMS 2004)

a. Presence of a foreign body
b. Prolonged antibiotic therapy
c. Virulent strains of organism
d. Inadequate drainage

17. Treatment of spreading streptococcal cellulitis is:

a. Erythromycin (PGI 2006)
b. Penicillin
c. Tetracycline
d. Chloramphenicol

18. A carbuncle is treated by: (UPSC 2004)

a. Incision and drainage
b. Cruciate incision and deroofing
c. Antibiotics alone
d. Wide excision

Ref: www.ncbi.nlm.nih.gov

19. A boil is due to staphylococcal infection of: (UPPG 2007)

a. Hair follicle
b. Sweat gland
c. Subcutaneous tissue
d. Epidermis *Ref: Schwartz 9/e p409*

20. True about cellulitis of lower limb: (PGI 2000)

a. Infection of skin and subcutaneous tissue
b. Fever and malaise are common
c. Margins are distinct
d. Extrnal wound always present
e. Involved site is red and hot

21. Best management of contaminated wound with necrotic material: (AIIMS Nov 2013)

a. Debridement
b. etanus toxoid
c. Gas gangrene serum
d. Broad spectrum antibiotics

22. Which is not true of carbuncle: (JIPMER 2003)

a. Infective gangrene of subcutaneous tissue
b. Caused by staphylococcus
c. Diabetic are more prone
d. Caused by streptococcus
e. Penicillin and excision of necrotic tissue is treatment of choice

23. What is the best time to give prophylactic antibiotic:

a. 1 day before surgery (DPG 2007)
b. At the time of skin incision
c. At the time of induction
d. 2 days before to 3 days after surgery

Ref: Sabiston 19/e p251-252; Schwartz 9/e p119, 222; Bailey 25/e p/41

24. Regarding antibiotics true statement: (PGI June 2006)

a. No prophylaxis for clean contaminated surgery
b. No prophylaxis for gastric ulcer surgery
c. Prophylaxis for colorectal surgery
d. Local irrigation with antibiotic

Ref: Sabiston 19/e p251-252

25. When do we have to start antibiotics to prevent post operative infection: (DPG 2011, JIPMER 2003)

a. 2 days before surgery
b. After surgery
c. 1 week before surgery
d. 1 hour before surgery and continue after surgery

26. Ideally, when should antibiotics be given during a surgery:

a. At the time of induction (MHSSMCET 2011)
b. At the time incision
c. After the surgery is over
d. A couple of days prior surgery

27. Preferred time for prophylactic antibiotic: (PGI June 2009)

a. 1 day before surgery
b. At the time of induction of anaesthesia
c. I.V. during surgery
d. I.M. before 6 hours
e. Orally given

28. Preoperative shaving is ideally done at: (JIPMER 2005)

a. Evening before
b. Morning of operation
c. Just before operation
d. At operation table

29. In a post operative intensive care unit, five patients developed post-operative wound infection on the same wound.he best method to prevent cross infection occurring in other patients in the same ward is to: (All India 2003)

a. Give antibiotics to all other patients in the ward
b. Fumigate the ward
c. Disinfect the ward with sodium hypochlorite
d. Practice proper hand washing

Ref: Bailey 25/e p/43

30. In a surgical post-op ward, a patient developed wound infection. Subsequently 3 other patients Developed similar infections in the ward. What is the most effective way of preventing the spread of infection: (AIIMS Nov 2001)

a. Give IV antibiotics to all patients in the ward
b. Proper hand washing of all ward personnel
c. Fumigation of the ward
d. Wash OT instruments with 1% perchlorate

31. The most effective method of reduction of incidence of institutional pediatric Stap-hylococcus aureus infection is:

a. Mask and gown use with each suspected patient
b. Meticulous hand washing before and after contact with patients (COMEDK 2010)
c. Treatment of all culture-positive patients with vancomycin
d. Routine isolation of culture-positive patients

Ans.	**16.** c. Virulent strains…	**17.** b. Penicillin	**18.** a. and d.	**19.** a. Hair follicle
	20. a, b, c and e	**21.** c. Nape of neck	**22.** d. Caused by…	**23.** c. At the time of induction
	24. c. Prophylaxis for…	**25.** d. 1 hour before surgery…	**26.** a. At the time of induction	**27.** b. At the time of…
	28. c. Just before operation	**29.** d. Practice proper…	**30.** b. Proper hand washing…	**31.** b. Meticulous hand…

32. Ampicillin prophylaxis is given in: (PGI 2005)
- a. Rectal surgery
- b. Splenectomy
- c. Head and neck surgery
- d. Biliary surgery

Ref: www.ncbi.nlm.nih.gov/pubmed/8526441

33. Moth eaten alopecia is seen with: (PGI 2005)
- a. Leprosy
- b. Syphilis
- c. Fungal infection
- d. Cylindroma

Ref: Rook's 7/e p30.1-30.30, 25.20-39

34. Moon's molars seen with: (PGI 2006)
- a. Syphilis
- b. Leprosy
- c. Amyloidosis
- d. Actinomycosis

35. Which of the following about yaws is incorrect: (PGI 2007)
- a. Caused by Treponema pertenue
- b. Spread by direct contact
- c. Sexually transmitted
- d. Penicillin is used as treatment

Ref: Harrison 18/e p1390-1391

36. Painless effusions in joints in congenital syphilis is called: (All India 2005)
- a. Clutton's joints
- b. Banton's joints
- c. Charcot's joints
- d. Synovitis

37. All are features of gummatous ulcer except: (APPG 2006)
- a. Punched out edges
- b. Syphylitic in nature
- c. Wash leather slough
- d. Erythematous base

38. Thymus gland abscess seen in congenital syphilis is called: (PGI 2004)
- a. Fouchier's abscess
- b. Politzeri abscess
- c. Douglas abscess
- d. Dubois abscess

Ref: http://en.wikipedia.org/wiki/Abscess_of_thymus

39. A mentally retarded child aged 12 years has multiple, painful, discharging shiny white lesions around the anus. Which of the following is the most probable diagnosis: (UPSC 2000)
- a. Lupus vlugaris
- b. Carcinoma
- c. Syphilitic condyloma
- d. Haemorrhoids

40. Gas gangrene is caused by: (JIPMER 2010)
- a. Cl. botulinum
- b. Cl. difficile
- c. Cl. perfringens
- d. Cl. Tetani

Ref: Harrison 18/e p1208; Ananthnarayan 8/e p256

41. True about treatment of gas gangrene after contaminated road traffic accident: (PGI Nov 2011)
- a. IV administration of anti-gas gangrene serum
- b. Penicillin
- c. Immediate suturing
- d. Surgical debridement
- e. Irrigation of anti-gas gangrene serum

42. Which of the following is not true about gas gangrene: (MHSSMCET 2011)
- a. Caused by Clostridium tetani
- b. Immunocompromised patients are most at risk
- c. Gas and smell are characteristic
- d. Antibiotic prophylaxis is essential when performing amputations to remove dead tissue

43. Hyperbaric oxygen is useful in: (PGI 2008)
- a. Tetanus
- b. Gas gangrene
- c. Frostbite
- d. Vincent's angina

44. Which of the following is not true of gas gangrene: (AIIMS June 2003)
- a. It is caused by clostridium perfringens
- b. Clostridium perfringens is a gram-negative spore-bearing bacillus
- c. Gas gangrene is characterized by severe local pain, crepitus and signs of toxemia
- d. High dose penicillin and aggressive debridement of affected tissue is the treatment of established infection

45. Best way to prevent gas gangrene is: (AIIMS Nov 2003)
- a. Immunoglobulins
- b. Hyperbaric oxygen
- c. Proper wound debridement
- d. Anti gas gangrene serum

46. Hypotension in a cause of gas gangrene is best treated by: (JIPMER 2007)
- a. Ringer lactate
- b. Normal saline
- c. Plasma
- d. Whole blood

47. Treatment of contaminated wound in gas gangrene is: (JIPMER 2005)
- a. Debridement of wound
- b. Systemic penicillin
- c. Metronidazole administration
- d. Peroxide dressings

48. Foaming liver is seen in: (PGI 2000)
- a. Organophosphorus poisoning
- b. Actinomycosis
- c. Gas gangrene
- d. Anthrax

49. Globi is seen in leprosy: (PGI 2001)
- a. Tuberculoid
- b. Lepromatous
- c. Border line
- d. Borderline tuberculoid

Ref: Rooks 7/e p29.1-29.19

Ans.
32. d. Biliary surgery
33. b. Syphilis
34. a. Syphilis
35. c. Sexually transmitted
36. a. Clutton's joints
37. d. Erythematous base
38. d. Dubois abscess
39. c. Syphilitic condyloma
40. c. Cl. perfringens
41. a, b and d
42. a. Caused by…
43. b and c
44. b. Clostridium…
45. c. Proper wound debridement
46. a. Ringer lactate
47. a and b
48. c. Gas gangrene
49. b. Lepromatous

50. Which of the following parts of the body is not affected by leprosy: (PGI 2002)
a. Testes
b. Ovary
c. Nasal mucosa
d. Axilla

51. Leonine facies is seen in leprosy: (PGI 2004)
a. Tuberculoid
b. Borderline
c. Lepromatous
d. Borderline tuberculoid

52. Most commonly affected peripheral nerve in leprosy is: (PGI 2009)
a. Ulnar
b. Radial
c. Medial
d. Lateral Popliteal

53. Regarding tuberculous lymphadenitis, which is correct:
a. Seen in children and young adults
b. Seen in the aged
c. History of contact or drinking infected milk
d. Mostly cervical
e. All are the correct

Ref: Bailey 25/e p/37

54. Commonest cause of acute lymphadenitis in India: (MAHE 2005)
a. Barefoot walking
b. TB
c. Staphylococcal skin infection
d. Lymphoma

Ref: Sabiston 19/e p1831-1832; Schwartz 9/e p1414; Bailey 25/e p/371118

55. Tetanus is caused by: (PGI 2007)
a. Cl. tetani
b. Cl. welchii
c. Cl. edematiens
d. Cl. Septicum

Ref: Schwartz 9/e p156, 228; Bailey 25/e p/39

56. Following may be premonitory symptoms of tetanus except: (AIIMS 2004)
a. Sleeplessness
b. Anxious expression
c. Urinary incontinence
d. Headache

57. Period of onset in tetanus refers to the time between: (Karnataka 2006)
a. First injury to spasm
b. First symptom to spasm
c. First spasm to death
d. Trismus to laryngeal spasm

58. Sub phrenic abscess, not seen is: (DPG 2006)
a. Air fluid level
b. Leucopenia
c. More common on right side
d. Associated with shoulder pain

59. In which of the following condition burst abdomen is commonly associated: (PGI Dec 2005)
a. Drainage coming out through the wound
b. Non absorbable sutures
c. Interrupted sutures
d. Medial incision is more risk (as compared to transverse incision)
e. Transverse incision is better than paramedian incision

Ref: CSDT 11/e p24

60. Infection of all the following structures can be cause psoas abscess except: (DPG March 2009)
a. Vertebrae
b. Appendix
c. Hip joint
d. Ribs

Ref: en.wikipedia.org/wiki/Psoas_muscle_abscess

61. All of the following favor postoperative wound dehiscence except: (Karnataka 2005)
a. Malignancy
b. Vitamin B complex deficiency
c. Hypoproteinaemia
d. Jaundice

62. Which of the following is the most pathognomonic sign of impending burst abdomen:
a. Fever
b. Shock
c. Pain
d. Serosanguinous discharge

63. In AIDS, lymphadenopathy is most often due to: (PGI Dec 2007)
a. TB
b. Lymphoma
c. Non specific enlargement of lymph node
d. Kaposi's sarcoma

Ref: Harrison 18/e p466, 1525

64. The HIV virus can be transmitted by the following routes, except: (Karnataka 2004)
a. Homosexual contact
b. Intact skin
c. Materno-fetal
d. Needle prick

65. The high risk groups for transmission of HIV virus include the following except: (Karnataka 2002)
a. Homosexuals
b. Hemophiliacs
c. Children of HIV mothers
d. Health care workers

66. Universal (standard) precautions to be observed by surgeons for the prevention of hospital acquire HIV infection include the following except: (UPSC 2005)
a. Wearing gloves and other barrier precaution
b. Washing hands on contamination
c. Handling sharp instruments with care
d. Pre-operative screening of all patients of HIV

Ref: en.wikipedia.org/wiki/Universal_precautions

Ans.
50. b. Ovary
51. c. Lepromatous
52. a. Ulnar
53. a, c and d
54. c. Staphylococcal
55. a. Cl. tetani
56. c. Urinary incontinence
57. b. First symptom to spasm
58. b. Leucopenia
59. a, d and e
60. d. Ribs
61. b. Vitamin B complex deficiency
62. d. Serosanguinous…
63. c. Non specific…
64. b. Intact skin…
65. d. Health care workers
66. d. Pre-operative…

67. Actinomycosis is sensitive to: (PGI 2008)

a. Streptomycin
b. Nystatin
c. Penicillin
d. Iodox-uridine

Ref: Harrison 18/e p1326; Sabiston 19/e p1589

68. Most common form of actinomycosis is: (JIPMER 2007)

a. Fascio cervical
b. Thoracic
c. Right iliac fossa
d. Liver

69. A patient with a fistula and chronic pus discharge from lower face and mandible is most commonly suffering from: (Kerala 2003)

a. Dental cyst
b. Vincent's angina
c. Ludwig's angina
d. Actinomycosis

70. Most common hand infection is due to: (DPG 2008)

a. e. coli
b. Staph aureus
c. Streptococcus
d. Pseudomonas

Ref: Sabiston 19/e p1977; Bailey 25/e p/507

71. From the index finger infection goes to: (AIIMS Nov 2006)

a. Thenar space
b. Hypothenar space
c. Mid-palmar space
d. Space of parona

Ref: BDC 4/e vol I/129; Keith and Moore 4/e p765

72. Felon is: (DPG 2005)

a. Mid palmer space infection
b. Terminal pulp space infection
c. Infection of ulnar bursa
d. Infection of radial bursa

Ref: Bailey and Love 25/e p/507

73. Which of the following should not be treated with surgery:
(MHPGMET 2005)

a. Felon
b. Acute paronychia
c. Herpetic whitlow
d. Chronic paronychia

74. Most common form of anthrax is: (PGI 2007)

a. Wool sorters disease
b. Alimentary type
c. Cutaneous type
d. None of the above

Ref: Harrison 18/e p1769-1771

75. Malignant pustule occurs in: (KGMC 2011)

a. Melanoma
b. Gas gangrene
c. Ovarian tumour
d. Anthrax

76. Chronic burrowing ulcer is caused by:
(All India 2007, AIIMS May 2008)

a. Microaerophilic streptococci
b. Peptostreptococcus
c. Streptococcus viridians
d. Streptococcus pyogenes

Ref: Dorland's Medical Dictionary 28/e p1770, 1771; Bailey 25/e p/39

77. In a surgical patient, the causes of non-surgical infection: (DPG 2010, PGI June 2004)

a. Lower RTI
b. Wound infection
c. Clostridium difficile diarrhea
d. UTI

Ref: Sabiston 19/e p244-250

78. Mycotic abscesses are due to: (All India 2006)

a. Bacterial infection
b. Fungal infection
c. Viral infection
d. Mixed infection

79. Golden period for treatment of open wound in hours: (AIIMS 2006)

a. 4
b. 6
c. 12
d. 24

80. Sardonic grin is associated with: (AIIMS 2007)

a. Rabies
b. Tetanus
c. Bell's palsy
d. Hemiplegia

81. Scrum pox is seen among players: (PGI 2004)

a. Football
b. Hockey
c. Rugby
d. Chess

Ref: http://en.wikipedia.org/wiki/Herpes_gladiatorum

82. Multiple fistula in ano commonly occurs in: (TN 2001)

a. Tuberculosis
b. Gonococcal protocolitis
c. LGV
d. Colloid carcinoma of rectum

Ref: Bailey 25/e p/1262

83. Follman's balanitis is caused by: (Kerala 2003)

a. Trichomonas
b. Candida
c. H. Ducreyl
d. None

Ref: sti.bmj.com/content/51/2/138.full.pdf+html

Ans.
67. c. Penicillin
68. a. Fascio cervical
69. d. Actinomycosis
70. b. Staph aureus
71. a. Thenar space
72. b. Terminal pulp space…
73. c. Herpetic whitlow
74. c. Cutaneous type
75. d. Anthrax
76. a. Microaerophilic…
77. a, c, and d.
78. b. Fungal infection
79. a. 4
80. b. Tetanus
81. c. Rugby
82. a. and c.
83. d. None

84. All of the following are perils of prolonged antibiotic therapy in intra abdominal sepsis except:
a. Masking of general signs
b. Subacute intestinal obstruction
c. Malignant change
d. Frozen pelvis

85. Pyrexia due to wound infection commonly occurs after:
a. Third post operation day (PGI 2004)
b. Fifth post operation day
c. Seventh post operation day
d. Second post operation day

Ref: Bailey 25/e p/265

86. Hilton's method of treatment of an axillary abscess is advised because it: (Karnataka 2007)
a. Protects vital structure
b. Ensures adequate drainage
c. Hinders the spread of infection
d. Allows local instillation of antibiotics

Ref: lessons4medicos.blogspot.com/.../hiltons-method-to-drain-abscesses.

87. Antibioma is best treated by: (JIPMER 2001)
a. Partial resection
b. Complete resection
c. Aspiration
d. Administration of antibiotics

Ref: www.ncbi.nlm.nih.gov/pubmed/22019686

88. True about surgical wounds: (PGI Nov 2010)
a. No antibiotics required in clean surgery
b. Incision of abscess is done in contaminated wound
c. Spillage of stomach content converts a clean/contaminated case to a contaminated case
d. In clean/contaminated wounds infection rate is 10%
e. Hernia repair is contaminated wound

Ref: Sabiston 19/e p251-252; Schwartz 9/e p119, 222; Bailey 25/e p

89. Anaerobic infection is precipitated by: (MHPGMCET 2001)
a. Trauma
b. Impaired circulation
c. Tissue necrosis
d. All of the above

90. Hilton's method is used in: (MHSSMCET 2005)
a. To minimize the scar
b. To prevent injury to vital structure
c. To have complete drainage
d. To drain large abscesses

Ans. **84.** c. Malignant change **85.** b. Fifth post operation day **86.** a. Protects vital structure **87.** b. Complete resection
88. a, c and d **89.** d. All… **90.** b. To prevent injury to……

H. FLUID, ELECTROLYTE AND NUTRITION

1. Chronic vomiting leads to all except: (PGI Nov 2011)
a. Hyponatremia
b. Hypochloremia
c. Metabolic alkalosis
d. Metabolic acidosis
e. Hypokalemia
Ref: Sabiston 19/e p1196; Schwartz 9/e p921; Bailey 25/e p1065

2. Hypokalemia with alkalosis is found in: (Orissa 2011)
a. Diarrhea
b. Vomiting
c. Ureterosigmoidostomy
d. Villous adenoma of rectum
Ref: Harrison 18/e p368

3. Condition which does not cause metabolic acidosis: (AIIMS 2009)
a. Renal failure
b. Ureterosigmoidostomy
c. Pancreatic or biliary fistula
d. Pyloric stenosis

4. Following fistulous conditions give rise to maximum fluid and electrolyte imbalance: (AIIMS 2003)
a. Distal ilea
b. Gastric
c. Duodena
d. Sigmoid
Ref: Sabiston 19/e p1271

5. Highest concentration of potassium is seen in: (AIIMS 2006)
a. Jejunu
b. Ileum
c. Duodenu
d. Colon
Ref: Schwartz 9/e p54; Bailey 25/e p227

6. Most common cause of metabolic alkalosis is: (Karnataka 2007)
a. Cancer stomac
b. Pyloric stenosis
c. Small-bowel obstruction
d. Diuretics

7. Hyponatremia in multiple myeloma is: (Kerala 2008)
a. Tru
b. Relative
c. Absolut
d. Pseudo
Ref: Harrison 18/e p347

8. All of the following are seen in persisting vomiting except: (AIIMS Nov 2010)
a. Hypokalemi
b. Decreased K+ in urine
c. Elevated pH of blood
d. Metabolic alkalosis

9. After ureterosigmoidostomy which electrolyte abnormality may occur: (AIIMS June 2008)
a. Hyperchloremic acidosi
b. Metabolic alkalosis
c. Metabolic acidosi
d. Hypochloremic acidosis

10. In post burn patient, true is: (AIIMS June 2003)
a. Hypokalemic alkalosis
b. Hyperkalemic alkalosis
c. Hyperkalemic acidosis
d. Hypokalemic acidosis

11. Which of the following is not an important cause of hyponatremia: (All India 2004)
a. Gastric fistula
b. Excessive vomiting
c. Excessive sweating
d. Prolonged Ryle's tube aspiration

12. Metabolic changes associated with excessive vomiting includes the following: (All India 2006)
a. Metabolic acidosis
b. Hyperchloremia
c. Hypokalemia
d. Decreases bicarbonates

13. Parenteral nutrition is not used in: (PGI June 2008)
a. Enterocutaneous fistula
b. Burns
c. Crohn's disease
d. Paralytic ileus
e. Pancreatitis
Ref: Sabiston 19/e p137-141; Bailey 26/e p268-270, 25/e p231-233

14. A patient on TPN develops deficiency of: (PGI Dec 2006)
a. Folic aci
b. Iron
c. Vitamin B1
d. Copper
e. Fatty acids
Ref: Sabiston 19/e p140; Bailey 26/e p270, 25/e p233

15. Which of the following nutrients are not included in TPN: (All India 2011)
a. Lipid
b. Carbohydrates
c. Proteins
D. Fibers
Ref: Bailey 26/e p264, 25/e p231

16. Side-effect(s) of parenteral nutrition is/are: (PGI Nov 2011)
a. Hypoglycemia
b. Hyperglycemia
c. Hypercalcemia
d. Hypercapnia
e. Hypophosphatemia

17. Best vein for total parenteral nutrition is: (MHPGMCET 2002)
a. Subclavian vei
b. Femoral vein
c. Brachial vei
d. Saphenous vein
Ref: Sabiston 19/e p137-138; Bailey 25/e p232

Ans.
1. d. Metabolic acidosis
2. b. Vomiting
3. d. Pyloric stenosis
4. c. Duodenal
5. d. Colon
6. b. Pyloric stenosis
7. d. Pseudo
8. b. Decreased K+ in urine
9. a. Hyperchloremic…
10. c. Hyperkalemic acidosis
11. c. Excessive sweating
12. c. Hypokalemia
13. e. Pancreatitis
14. a, b, c, d and e
15. d. Fibers
16. a, b, c, d and e
17. a. Subclavian vein

18. One is not indication of total parenteral nutrition: (AIIMS Nov 2004)
- a. Acute pancreatiti
- b. Enterocolic fistula
- c. Chronic liver diseas
- d. Fecal fistula

19. TPN is indicated in all except: (PGI Dec 2005)
- a. Short bowel syndrome
- b. Burn
- c. Sepsis
- d. Enterocutaneous fistula

20. Best vein for total parenteral nutrition is:
- a. Subclavian vein
- b. Femoral vein
- c. Brachial vein
- d. Saphenous vein

21. True about TPN: (PGI June 2008)
- a. Carbohydrate forms about 40% of energy source
- b. In abdominal injury early parenteral nutrition should be started
- c. Proteins forms 60% of energy source
- d. Lipids form 20% of energy source

Ref: Sabiston 19/e p138

22. Which of the following is not a complication of Total Parenteral Nutrition: (AIIMS Nov 2008)
- a. Metabolic bone disease
- b. Essential fatty acid deficiency
- c. Congestive cardiac failure
- d. Hypophosphatemia

23. Most common complication of parenteral nutrition includes all except: (MCI Sept 2009)
- a. Hyperglycemia
- b. Hyperkalemia
- c. Hyperosmolar dehydration
- d. Azotemia *Ref: CSDT 12/e p161*

24. Which of the following is preferred for cannulation in TPN: (MCI Sept 2009)
- a. Subclavian vei
- b. Great saphenous vein
- c. Median cubital vei
- d. External jugular vein

25. Which is best method for supplementing nutrition in patients who have undergone massive resection of the small intestine is: (MCI Sept 2009)
- a. Parentera
- b. Enteral
- c. Gastrostom
- d. All of the above

26. All of the following are complications in a patient on total parenteral nutrition except: (MCI Sept 2008)
- a. Hypercholesterolemi
- b. Hyperglycemia
- c. Hypotriglyceridemi
- d. Hypophosphatemia

27. Which of the following is the most common complication of TPN: (AIIMS 2007)
- a. Catheter related complications
- b. Acidosis
- c. Acaculous cholecystitis
- d. Hypokalemia

28. A patient on total parenteral nutrition for 20 days presents with weakness, vertigo and convulsions. Diagnosis is: (All India 2000)
- a. Hypomagnesemia
- b. Hyperammonemia
- c. Hypercalcemia
- d. Hyperkalemia *Ref: Harrison 18/e p357, 3090, 3099*

29. In IV hyperalimentation, we give: (PGI June 2002)
- a. Hypertonic salin
- b. Fats
- c. Amino acid
- d. Dextrose
- e. LMW dextran

30. Complication of TPN include: (AIIMS 2005)
- a. Hyperglycemia
- b. Hyperkalemia
- c. Hyperosmolar dehydration
- d. Azotemia
- e. All of the above

31. Albumin infusion for parenteral use is restricted because: (AIIMS 2006)
- a. It is costly
- b. Carcinogenic
- c. Does not raise oncotic pressure
- d. All of the above

32. Following TPN, one expects weight gain after: (AIIMS 2009)
- a. 2 days
- b. 7 days
- c. 4 weeks
- d. 6 weeks

33. The minimum amount of proteins needed for positive nitrogen balance is: (PGI 2008)
- a. 20-30 gm/da
- b. 35-40 gm/day
- c. 50 gm/da
- d. 60 gm/day

34. Deficiency of following elements is seen with hyperalimentation except: (JIPMER 2007)
- a. Calciu
- b. Phosphates
- c. Zin
- d. Magnesium

35. Following TPN, weight loss is seen: (Orissa 2006)
- a. Up to 7 day
- b. 7-10th day
- c. 10-15th da
- d. 15th day onwards

36. TPN may be complicated by: (AIIMS 2001, 2002)
- a. Obstructive jaundic
- b. Hyperosteosis
- c. Hypercalcemi
- d. Pancreatitis

Ans.

18. c. Chronic liver disease **19.** c. Sepsis **20.** a. Subclavian vein **21.** d. Lipids form 20% of…
22. c. Congestive… **23.** None **24.** a. Subclavian vein **25.** a. Parenteral
26. c. Hypotriglyceridemia **27.** None **28.** a. Hypomagnesemia **29.** b, c and d
30. e. All of the above **31.** a. It is costly **32.** b. 7 days **33.** d. 60 gm/day
34. None **35.** a. Up to 7 days **36.** c. Hypercalcemia

37. The length of the feeding tube to be inserted for transpyloric feeding is measured from the tip of: (AIIMS Nov 2002)
a. Nose to the umbilicu
b. Ear lobe to the umbilicus
c. Nose to the knee join
d. Ear lobe to the knee joint

38. Ramesh met an accident with a car and has been in 'deep coma' for the last 15 days. The most suitable route for the administration of protein and calories is by:(All India 2002)
a. Jejunostomy tube feeding
b. Gastrostomy tube feeding
c. Nasogastric tube feeding
d. Central venous hyperalimentation

Ref: Sabiston 19/e p132-136; Bailey 26/e p266-270, 25/e p229-231

39. Contraindications of enteral nutrition: (PGI Dec 2006)
a. Intestinal obstructio
b. Severe pancreatitis
c. Severe diarrhe
d. IBD
e. Intestinal fistula

40. A patient undergoes a prolonged and complicated pancreatic surgery for chronic pancreatitis. Most preferred route for supplementary nutrition in this patient would be:
a. Total parenteral nutrition (All India 2008)
b. Feeding gastrostomy
c. Feeding jejunostom
d. Oral feeding

Ref: Essentials of General Surgery by Lawrence 4/e p80

41. Recognized frequent complications of enteral feeding:
a. Constipation (PGI June 2005)
b. Diarrhea
c. Aspiration pneumonia
d. Hypoglycemia
e. Hypernatremia

Ref: Sabiston 19/e p135; Bailey 26/e p269, 25/e p231

42. A patient undergoes a prolonged and complicated pancreatic surgery for chronic pancreatitis. Most preferred route for supplementary nutrition in this patient would be:
a. Total parenteral nutritio (DNB 2009)
b. Feeding gastrostomy
c. Feeding jejunostom
d. Oral feeding

43. Not a contraindication of enteral nutrition: (Punjab 2009)
a. Severe diarrhea
b. Severe pancreatitis
c. IBD
d. Intestinal fistula

44. In percutaneous endoscopic gastrostomy (PEG), which of the following is not used: (MHSSMCET 2008)
a. Push technique
b. Pull technique
c. Retraction method
d. Introducer technique

Ref: Sabiston 19/e p135

45. The highest concentration of potassium is in: (AIIMS 2003)
a. Plasm
b. Isotonic saline
c. Ringer lactat
d. Darrow's solution

Ref: Bailey 25/e p226; www.idruginfo.com/?cat=drug... Darrow's%20Solution

46. Pitting edema indicates an excess of __litres of fluid in tissue spaces: (PGI 2007)
a. 2.
b. 3.5
c. 4.
d. 5.5

47. In patients depending entirely on parenteral fluids, there is weight loss of daily: (PGI 2006)
a. 50 gm
b. 150 gm
C. 200 g
d. 250 gm

48. 20 mEq (mmol) of potassium chloride in 500 ml of 5% dextrose solution is given intravenously to treat:
a. Metabolic alkalosis (PGI 2003, AIIMS 2004)
b. Respiratory alkalosis
c. Metabolic acidosis
d. Respiratory acidosis

49. Haemacel contains: (PGI 2001, AIIMS 2002)
a. Albumi
b. Degraded gelatin
c. Calciu
d. Sodium

50. In the immediate post operative period, body potassium is:
a. Exchanged with calcium (JIPMER 2004, AMU 2005)
b. Exchanged with magnesium
c. Retained in body
d. Excreted excessively

51. Low molecular weight dextran is contra indicated in:
a. Foctal distress syndrome (AIIMS 2006, PGI 2007)
b. Cerebrovascular accident
c. Electrical burns
d. Thrombocytopenia

Ref: en.wikipedia.org/wiki/Dextran

52. C.V.P (Central Venous Pressure) and pulmonary wedge pressure give an accurate assessment of all the following except: (UPSC 2008)
a. Tissue perfusio
b. Volume depletion
c. Volume overloa
d. Myocardial function

Ref: Sabiston 19/e p87; Bailey 26/e p17, 25/e p17

53. 10% dextrose is: (DNB 2005)
a. Isotoni
b. Hypotonic
c. Hypertoni
d. None

Ans.
37. b. Ear lobe to the… **38.** a. Jejunostomy tube… **39.** a, b, c and e **40.** c. Feeding Jejunostomy
41. a, b and c **42.** c. Feeding jejunostomy **43.** c. IBD **44.** c. Retraction method
45. d. Darrow's solution **46.** c. 4.5 **47.** b. 150g **48.** a. Metabolic alkalosis
49. b. Degraded gelatin **50.** d. Excreted excessively **51.** d. Thrombocytopenia **52.** a. Tissue perfusion
53. c. Hypertonic

54. In a patient with multisystem trauma, the presence of hypotension along with elevated central venous pressure is suggestive of: (UPSC 2009)
a. Upper airway obstruction
b. Major abdominal bleed
c. Cardio-pulmonary problem
d. Spinal cord injury

55. Which of the following is the best method to assess the adequacy of replacement: (AIIMS 2000)
a. Decrease in thirs
b. Increase in urine output
c. Blood pressur
d. Increased PaO2

56. In a person who has fasted for 5 days all are seen except:
a. GH levels decreased (AIIMS 2010)
b. Glucose tolerance decreased
c. Immunoreactive insulin decreased
d. Free fatty acids (Plasma) increased

57. Content of Na+ in ringer lactate is mEq/L: (TN 2009)
a. 15
b. 12
c. 130
d. 144

58. Fructose is not used in IV infusion as it cause:
a. Irritability (AIIMS 2008)
b. Mental retardation
c. Increased erythrocyte protoporphyrin
d. Increased urinary coporoporphyrin

59. Sodium content of one liter of isotonic saline is
a. 140 mE (DNB 2011, PGI 2006)
b. 154 mEq
c. 40 mE
d. 70 mEq

60. A postoperative patient with pH 7.25, MAP (mean arterial pressure) 60 mm of Hg treated with: (PGI 2003)
a. IV sodium bicarbonate
b. Only normal saline
c. Fluid therapy with CVP monitoring
d. Fluid restriction

61. Most common cause of water intoxication in surgical patient is due to: (COMED K 2005)
a. Colorectal wash with plain water
b. Syndrome of inappropriate secretion of ADH
c. Irrigation during transurethral resection of prostate
d. Excessive infusion of 5% glucose

62. A young man weighing 65 kg was admitted to the hospital with severe burns in a severe catabolic state. An individual in this state requires 40 kcal per kg body weight per day 1 gms of protein/kg body weight/day. This young man was given a solution containing 20% glucose and 4.25% protein. If 3000 ml of solution in infused per day: (AIIMS Nov 2003)
a. The patient would not be getting sufficient protein
b. The calories supplied would be inadequate
c. Both protein and calories would be adequate
d. Too much protein is being infused

Ref: Sabiston 19/e p138; Bailey 25/e p225

63. After 30% loss of blood volume in road traffic accident. What is the next management:
a. IV fluids only
b. IV fluids with cardiac stimulant
c. Dopamine
d. Vasopressor drug *Ref: Sabiston 19/e p72*

64. Which among the following is best method to assess intake of fluid in polytrauma patient:
a. Urine outpu (PGI June 2006, AIIMS Nov 2001,
b. CVP AIIMS Nov 2002)
c. Puls
d. BP

65. Which of the following is hypertonic: (DNB 2009)
a. 5% dextros
b. 0.45% normal saline
c. 0.9% normal salin
d. 3% normal saline
Ref: Fluids and Electrolytes by Lippincott Williams and Wilkins/55

66. All electrolyte abnormalities are seen in immediate postoperative period, except: (AIIMS Nov 2007)
a. Negative Nitrogen balance
b. Hypokalemia
c. Glucose intolerance
d. Hyponatremia

67. Blood loss during major surgery is best estimated by:
a. Visual assessment (PGI June 2006)
b. Suction bottles
c. Transesophageal USG Doppler
d. Cardiac output by thermodilution
Ref: www.ncbi.nlm.nih.gov/pubmed/16756621

68. The disadvantage of elemental diets in children include:
a. Hypertonic dehydration (AIIMS 81, PGI 2005)
b. Lower caloric input
c. Dumping syndrome
d. High nitrogen input

69. During nutritional assessment of a surgical patient, the status of muscle protein is indicated by which one of the following parameters: (UPSC 2002)
a. Serum albumin
b. Triceps skinfold thickness
c. Mid-arm circumference
d. Hb level *Ref:www.ncbi.nlm.nih.gov/pubmed/1492750*

70. Cortisol level returns to normal ____after hemorrhage:
a. 2 weeks (Orissa 2006)
b. 10 days
c. 7 days
d. 3 days *Ref: adc.bmj.com/content/50/7/555.full.pdf*

71. Body water content in percentage of body weight is lowest in: (Orissa 2005)
a. Well-built man
b. Fat woman
c. Well nourished child
d. Fat man

Ans.	**54.** c. Cardio-pulmonary ...	**55.** b. Increase in urine…	**56.** a. GH levels decreased	**57.** c. 130
	58. None	**59.** b. 154 mEq	**60.** c. Fluid therapy with…	**61.** d. Excessive infusion of…
	62. c. Both protein and…	**63.** a. IV fluids only	**64.** a. Urine output	**65.** d. 3% normal saline
	66. d. Hyponatremia	**67.** b. Suction bottles	**68.** a and c	**69.** c. Mid-arm circumference
	70. d. 3 days	**71.** b. Fat woman		

72. Water content in infant:

a. 60-70%
b. 75-80%
c. 80-90%
d. >90% *Ref: Sabiston 19/e p104-105; Bailey 25/e p225*

73. Insensible daily water loss is: (PGI 2004)

a. 500-600 ml
b. 800-1000 ml
c. 1000-1500 ml
d. 2000 ml

Ref: Bailey 25/e p226

74. Critical pH in Mendelson syndrome: (Orissa 2004)

a. 2.5
b. 3.0
c. 3.5
d. 4.0

Ref: Sabiston 19/e p293

75. The ideal colloidal solution is:

a. Dextran (MHSSMCET 2005, MHPGMCET 2006)
b. Plasma
c. Albumin
d. Hydroxyethyl starch

76. Skin fold thickness (for assessment of nutritional status) can be measured at all the following except:

a. Biceps (MHSSMCET 2006)
b. Triceps
c. Suprailiac region
d. None

Ans. **72.** b. 75-80% **73.** b. 800-1000 ml **74.** a. 2.5 **75.** c. Albumin
76. d. None

I. BLOOD TRANSFUSION

1. After blood transfusion the febrile non-hemolytic transfusion reaction (FNHTR) occurs due to:
a. Alloimmunization
b. Antibodies against donor leukocytes and HLA Ag
c. Allergic reaction
d. Anaphylaxis

2. Blood grouping and cross-matching is must prior to infusion of: (MHPGMCET 2007)
a. Gelatin
b. Dextran
c. Albumin
d. FFP

3. Mismatched blood transfusion in anesthetic patient presents is:
a. Hyperthermia and hypertension (PGI June 2000)
b. Hypotension and bleeding from site of wound
c. Bradycardia and hypertension
d. Tachycardia and hypertension *Ref: Schwartz 9/e p83*

4. All of the following are major complications of massive transfusion except: (All India 2006)
a. Hypokalemia
b. Hypothermia
c. Hypomagnesaemia
d. Hypocalcaemia

5. Massive transfusions results in: (PGI 2008)
a. DIC
b. Hypothermia
c. Hypercalcemia
d. Thrombocytopenia

6. Cryoprecipitate contains: (MCI March 2009)
a. Factor II
b. Factor V
c. Factor VIII
d. Factor IX
Ref: Harrison 18/e p953; Sabiston 19/e p588; Schwartz 9/e p82; Bailey 26/e p21, 25/e p21

7. Which one of the following blood fractions is stored at -40 C:
a. Cryoprecipitate (UPSC 2006)
b. Human albumin
c. Platelet concentrate
d. Packed red cells

8. Cryoprecipitate contains all except: (AIIMS Nov 2007)
a. Factor VIII
b. Factor IX
c. Fibrinogen
d. VWF

9. The maximum life of a transfused RBC is:
a. One hour (JIPMER 2002)
b. One day
c. 15 days
d. 50 days
e. 100 days *Ref: Schwartz 9/e p78; Bailey 26/e p21, 25/e p21*

10. MC blood transfusion reaction is: (All India 2008)
a. Febrile non-hemolytic transfusion reaction
b. Hemolysis
c. Transmission of infections
d. Electrolyte imbalance *Ref: Harrison 18/e p954-956*

11. All of the following infections may be transmitted via blood transfusion, except: (AIIMS May 2009, All India 2002)
a. Parvo B-19
b. Hepatitis G
c. Dengue virus
d. Cytomegalovirus

12. Which of the following is the least likely complication after massive blood transfusion: (AIIMS May 2009)
a. Hyperkalemia
b. Citrate toxicity
c. Hypothermia
d. Metabolic acidosis *Ref: Harrison 18/e p954-956*

13. Fresh hold blood transfusion is done with in how much time of collection: (DNB 2006)
a. Immediately
b. 1 hours
c. 4 hours
d. 24 hours

14. Which of the following investigations should be done immediately to best confirm a non matched blood transfusion reaction: (All India 2010)
a. Indirect Coomb's test
b. Direct Coomb's test
c. Antibody in patient's serum
d. Antibody in donor serum *Ref: Harrison 18/e p954*

15. Blood components products are: (PGI Dec 2005)
a. Whole blood
b. Platelets
c. Fresh frozen plasma
d. Leukocyte reduced RBC
e. All of the above *Ref: Harrison 18/e p952-954*

16. A man is rushed to casualty, nearly dying after a massive blood loss in an accident. There is not much time to match blood groups, so the physician decides to order for one of the following blood groups. Which one of the following blood groups should the physician decide:
a. O negative (AIIMS June 2004)
b. O positive
c. AB positive
d. AB negative
Ref: Harrison 18/e p951; Bailey 26/e p21-22, 25/e p21-22

Ans.	**1.** b. Antibodies against…	**2.** b. Dextran	**3.** b. Hypotension and…	**4.** a. Hypokalemia
	5. a, b and d	**6.** c. Factor VIII	**7.** a. Cryoprecipitate	**8.** b. Factor IX
	9. d. 50 days	**10.** a. Febrile non-…	**11.** c. Dengue virus	**12.** d. Metabolic acidosis
	13. d. 24 hours	**14.** b. Direct Coomb's test	**15.** e. All of the above	**16.** a. O negative

17. One unit of fresh blood arises the Hb% concentration by:
a. 0.1 gm%
b. 1 gm% (All India 2003)
c. 2 gm%
d. 2.2 gm%

18. Which of the following statements about acute hemolytic blood transfusion reaction is true: (PGI June 2004)
a. Complement mediated hemolysis is seen
b. Type III hypersensitivity is responsible for most cases
c. Rarely life threatening
d. Renal blood flow is always maintained
e. NO need for stopping transfusion

Ref: Harrison 18/e p954

19. True about blood transfusions: (PGI June 2002)
a. Antigen 'D" determines Rh positivity
b. Febrile reaction is due to HLA antigens
c. Anti-d is naturally occurring antibody
d. Cryoprecipitate contains all coagulation factors

Ref: Harrison 18/e p954

20. Which of the following is better indicator of need for transfusion: (AIIMS 2002)
a. Urine output
b. Hematocrit
c. Colour of skin
d. Clinical examination

21. Massive blood transfusion is defined as: (PGI 2005)
a. 350 ml in 5 min
b. 500 ml in 5 min
c. 1 litre in 5 min
d. Whole blood volume

22. How long can blood stored with CPDA: (JIPMER 2003)
a. 12 days
b. 21 days
c. 28 days
d. 48 days *Ref: Sabiston 19/e p588*

23. Massive transfusion in previous healthy adult male can cause hemorrhage due to: (PGI 2008)
a. Increased t-PA
b. Dilutional thrombocytopenia
c. Vitamin K deficiency
d. Decreased fibrinogen

24. Arterial blood gas analysis in a bottle containing heparin causes a decrease in value of:
a. pCO2
b. HCO3
c. pH
d. All of the above *Ref: Clinical Laboratory Medicine 6/e p396*

25. Indication of fresh frozen plasma is/are: (PGI Nov 2011)
a. Hypovolemia
b. Nutritional supplement
c. Coagulation factor deficiency
d. Warfarin toxicity
e. Hypoalbuminemia

Ref: Harrison 18/e p953; Sabiston 19/e p588

26. True about FFP (Fresh frozen plasma) is the following except: (MHPGMCET 2009)
a. Good source of all coagulation factors
b. Prepared from single unit of blood
c. Coagulation factor levels are equal to Plasma
d. None of the above

27. Stored plasma is deficient in: (DNB 2000)
a. Factors 7 and 8
b. Factors 2 and 5
c. Factors 5 and 8
d. Factors 7 and 9

28. With reference to fresh frozen plasma (FFP), which one of the following statement is not correct: (UPSC 2008)
a. It is used as volume expander
b. It is stored at – 40 C to – 50 C
c. It is a source of coagulation factors
d. It is given in a dose of 12-15 ml/kg body weight

29. In cholecystectomy, fresh frozen plasma should be given:
a. Just before operation (UPPG 2008)
b. At the time of operation
c. 6 hours before operation
d. 12 hours after operation

30. Half life of factor VIII is: (PGI 2003)
a. 4 hours
b. 8 hours
c. 34 hours
d. 48 hours

31. Rosenthal's syndrome is seen in deficiency of factor:
a. II
b. V (DNB 2001)
c. IX
d. XI *Ref: http://en.wikipedia.org/wiki/Haemophilia_C*

32. Platelets can be stored at: (AIIMS Nov 2005)
a. 20-24 C for 5 days
b. 20-24 C for 8 days
c. 4-8 C for 5 days
d. 4-8 C for 8 days

Ref: Harrison 18/e p953; Sabiston 19/e p588; Schwartz 9/e p79; Bailey 26/e p21, 25/e p21

33. Blood platelets in stored blood do not remain functional after: (PGI 2007)
a. 24 hours
b. 48 hours
c. 72 hours
d. 96 hours

Ans.
17. b. 1 gm% **18.** a. Complement mediated… **19.** a. and b. **20.** b. Hematocrit
21. d. Whole blood volume **22.** c. 28 days **23.** b. Dilutional… **24.** d. All of the above
25. a and d **26.** a. Good source of all… **27.** c. Factors 5 and 8 **28.** a. It is used as volume…
29. a. Just before… **30.** b. 8 hours **31.** d. XI **32.** a. 20-240 C for 5 days
33. a. 24 hours

J. SHOCK

1. The most important cause of the death in septic shock is:
a. DIC (JIPMER 2002)
b. Respiratory failure
c. Renal
d. Cardiac

Ref: Sabiston 19/e p85; Schwartz 9/e p102-103; Bailey 26/e p14-15, 25/e p14-15

2. 35-years old Mona developed feature of septicemia. Shock in form of hypotension and low urine output. She was being treated for colonic necrosis. What will be the management:
a. IV fluids + dopamine (AIIMS June 2009)
b. IV fluids only
c. Only dopamine
d. Antibiotic in high dose

Ref: Sabiston 19/e p85; Schwartz 9/e p102-103; Bailey 26/e p16-18, 25/e p16-18

3. Plasma expanders are used in: (DNB 2012)
a. Septic shock
b. Vasovagal shock
c. Neurogenic shock
d. Cardiogenic shock

4. Immediate management of a patient with multiple fracture and fluid loss includes the infusion: (All India 2007)
a. Blood
b. Dextran
c. Normal saline
d. Ringer lactate

Ref: Schwartz 9/e p100-101; Bailey 26/e p19-20, 25/e p19-20

5. Hemorrhage leads to: (MCI Sept 2005)
a. Septic shock
b. Neurogenic shock
c. Hypovolemic shock
d. Cardiogenic shock

6. In traumatic cases, shock is most likely due to:
a. Injury to intra abdominal solid organ
b. Head injury (DNB 2011, MCI Sept 2007)
c. Septicemia
d. Cardiac failure

7. Which of the following is ideal in moderate hemorrhagic shock: (MCI Sept 2007)
a. Dextrose
b. Ringer lactate
c. Blood
d. Dextran

8. Compensatory mechanism in a patient with hypovolemic shock: (JIPMER 2011)
a. Increased renal blood flow
b. Decrease in cortisol
c. Decrease in vasopressin
d. Decreased cutaneous blood flow

9. Features of hypovolemic shock are all except:
a. Oliguria (NIMHANS 2000)
b. Bradycardia
c. Low B.P.
d. Acidosis

10. One of the following is earliest indication of concealed acute bleeding: (All India 2005)
a. Tachycardia
b. Postural HT
c. Oliguria
d. Cold clammy fingers

11. Shock is clinically best assessed by: (PGI Dec 2006)
a. Urine output
b. CVP
c. BP
d. Hydration

Ref: Sabiston 19/e p72-84; Schwartz 9/e p91-102; Bailey 26/e p13-16, 25/e p13-16

12. Which of the following is the best parameter to assess fluid intake in a poly-trauma patient: (All India 2007)
a. Urine output
b. BP
c. Pulse
d. Pulse oximetry

13. Following is the most important factor in the management of shock: (AIIMS 2004)
a. Blood pressure
b. Cardiac output
c. CVP to 8 cm of water
d. Deficiency of effective circulation

14. Which of the following is true for shock: (MCI Sept 2005)
a. Hypotension
b. Hypoperfusion to tissues
c. Hypoxia
d. All of the above

15. Blood clot the size of a clenched fist is roughly equal to:
a. 250 ml
b. 350 ml (PGI 2002)
c. 500 ml
d. 600 ml *Ref: Bailey 24/e p61*

16. What is normal pulmonary capillary wedge pressure:
a. 4-8 mm of Hg (MHSSMCET 2005)
b. 8-12 mm of Hg
c. 12-16 mm of Hg
d. 15-25 mm of Hg *Ref: Bailey 26/e p17, 25/e p17*

17. A patient with spine, chest and abdominal injury in road traffic accident developed hypotension and bradycardia. Most likely reason is: (AIIMS Nov 2013)
a. Hypovolemic shock
b. Hypovolemic + neurogenic shock
c. Hypovolemic + septicemic shock
d. Neurogenic *Ref: Harrison 18/e p2222, 2219*

Ans.
1. d. Cardiac
2. b. IV fluids only…
3. a. Septic shock
4. d. Ringer lactate
5. c. Hypovolemic shock
6. a. Injury to intra abdominal…
7. b. Ringer lactate
8. d. Decreased cutaneous…
9. b. Bradycardia
10. a. Tachycardia
11. a. Urine output
12. a. Urine output
13. d. Deficiency of…
14. d. All of the above
15. c. 500 ml
16. b. 8-12 mm of Hg
17. d. Neurogenic shock

K. MISCELLANEOUS

1. Most important technical consideration at the time of doing below knee amputation is: (AIIMS Nov 2000)

a. Posterior flap should be longer than the anterior flap
b. Stump should be long
c. Stump should be short
d. Anterior flap should be longer than posterior flap

Ref: Sabiston 19/e p1742; Bailey 26/e p892, 25/e p916-917

2. Referred pain from all of the following conditions may be felt along the inner side of right thigh, except: (All India 2006)

a. Inflamed pelvic appendix
b. Inflamed ovaries
c. Stone in pelvic ureter
d. Pelvic abscess

3. Following are true about William Halsted: (PGI June 2008)

a. First person to receive nobel prize in surgery
b. Pioneered introduction of gloves
c. Promoted radical approach for breast surgery
d. Pioneered role of antibiotics

Ref: en.wikipedia.org/wiki/William_Stewart_Halsted

4. FNAC needle size: (AIIMS Nov 2007)

a. 18-22
b. 22-26
c. 27-29
d. 16-18

Ref: www.ncbi.nlm.nih.gov/pubmed/17405171

5. Bee venom can be neutralized by applying: (PGI 2008)

a. Soda bicarbonate
b. Vinegar
c. Lemon juice
d. Dilute HCL

Ref: Harrison 18/e p3581

6. The most dangerous injury is: (PGI 2006)

a. Snake bite
b. Scorpion bite
c. Wasp sting
d. Human bite

7. The best site for intramuscular injection is: (PGI 2002)

a. Deltoid
b. Anterolateral part of thigh
c. Upper outer segment of buttocks
d. Upper inner segment of buttocks

8. Hereditary spherocytosis is transmitted as: (PGI 2005)

a. Autosomal dominant
b. Autosomal recessive
c. X-linked dominant
d. X-linked recessive

9. Subcutaneous calcification are seen in: (JIPMER 2003)

a. Gout
b. Hyperparathyroidism
c. Onchronosis
d. Malignancies

Ref: radiographics.rsna.org/content/19/suppl_1/S11.full

10. In polycythaemia vera the most common postoperative complication following major surgery is: (PGI 2004)

a. Thrombosis
b. Gastric ulcer
c. Diabetes insipidus
d. Haemorrhage

Ref: Harrison 18/e p900

11. Biot's respiration is seen in: (JIPMER 2003)

a. Hypnosedative poisoning
b. Appendicitis
c. Cholecystitis
d. Bulbar poliomyelitis

Ref: en.wikipedia.org/wiki/Biot's_respiration

12. 'Sterile needle test' helps in differentiating: (JIPMER 2008)

a. Healing process
b. Depth of burns
c. Degenerative process
d. Infection

Ref: Sabiston 19/e p522; Schwartz 9/e p199

13. Van Buchem's syndrome is characterized by all except: (PGI 2001)

a. Overgrowth
b. Distortion of mandible
c. Facial Palsy
d. Increased acid phosphatase

Ref: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1376897/

14. The stage of myasthenia gravis that best responds to thymectomy is: (AIIMS 2002)

a. Stage 1: active
b. Stage 2: Inactive
c. Stage 3: burnt out
d. Those with thymoma
e. None of the above

Ref: onlinelibrary.wiley.com/doi/10.1002/bjs.1800650503/pdf

15. Quant's sign (a T-shaped depression in the occipital bone) may be present in: (JIMPER 2003)

a. Down's syndrome
b. Head injury
c. Rickets
d. Scurvy

Ref: http://www.kmle.com/search.php?Search=Quant's%20s.

16. Nezelof's syndrome is recurrent episodes of: (JIPMER 2004)

a. Appendicitis
b. Cholecystitis
c. Intestinal obstruction
d. Pneumonia

Ref: en.wikipedia.org/wiki/Nezelof_syndrome

Ans.

1. a. Posterior flap…
2. d. Pelvic abscess
3. b and c
4. b. 22-26
5. a. Soda bicarbonate
6. a. Snake bite
7. c. Upper outer segment…
8. a. Autosomal dominant
9. b and d
10. e. Thrombosis
11. None
12. b. Depth of burns
13. b. Distortion of…
14. a. Stage 1 active
15. c. Rickets
16. d. Pneumonia

17. Hickey-Hare test is used to diagnose: (PGI 2002)

a. Congenital pyloric stenosis
b. Doudenal atresia
c. Achlasia cardia
d. Diabetes insipidus

Ref: medical-dictionary.thefreedictionary.com/Hickey-Hare+tes

18. Usually employed technique for splanchnic block is:

a. Braun's method (JIPMER 2004)
b. Kappi's method
c. Wending's method
d. None of the above

Ref: Lee Anesthesia (2005/449

19. Secondary amyloidosis occurs in: (JIPMER 2004)

a. Chronic osteomyelitis
b. Rheumatoid arthritis
c. Leprosy
d. Syphilis

Ref: Harrison 18/e p945-949

20. Arrow headed finger on X-ray is suggestive of: (PGI 2004)

a. Acromegaly
b. Hyperparathyroidism
c. Down's syndrome
d. Sarcoidosis

Ref: www.acromegalycommunity.com/blog

21. A Seldinger needle is used for: (AIIMS 2004)

a. Liver biopsy
b. Suturing skin
c. Arteriography
d. Lymphography

Ref: Sabiston 19/e p1733; Schwartz 9/e p751; Bailey 25/e p903

22. Blongnini's symptom (a feeling of crepitation occurring from gradual increasing pressure on the abdomen) is seen in: (PGI 2002)

a. Congenital pyloric stenosis
b. Gastric polyp
c. Duodenal atresia
d. Measles

23. Mauriac's syndrome is characterized by the following except: (JIPMER 2004)

a. Diabetes
b. Obesity
c. Dwarfism
d. Cardiomegaly

Ref: en.wikipedia.org/wiki/Mauriac_syndrome

24. A cricoids hook is used particularly: (JIPMER 2001)

a. In thyroidectomy
b. In block dissection of the neck
c. For retracting the superior laryngeal nerve
d. In tracheostomy

Ref: www.hopkinsmedicine.org

25. Not a premalignant ulcer: (Kerala 2002)

a. Bazin's ulcer
b. Paget's disease of nipple
c. Marjolin's ulcer
d. Lupus vulgaris

Ref: emedicine.medscape.com/article/1083213-overview

26. During endotracheal intubation, unilateral breath sounds, no air heard entering the stomach and no gastric distension is suggestive of entry of the endotracheal tube into:

a. Right main bronchus (UPSC 2003)
b. Esophagus
c. Mid-trachea
d. Left main bronchus

27. Aminopeptidase is elevated in obstruction of:

a. Ureter (Assam 2004)
b. Urethra
c. CBD
d. Bladder

Ref: American Journal of Gastroenterology; Dec1963, Vol. 41 Issue 6, p620

28. Sappey's line denotes a line: (Karnataka 2005)

a. Encircling the neck at C6 vertebra level
b. Encircling the trunk just above the umbilicus
c. Encircling the salpigian tubes
d. None of the above

Ref: Principles and Practice of General Surgery by Kirby I. Bland, Michael G. Sarr, Markus W. Büchler (2008 Volume I/1592

29. Hormonal treatment is given for which of the following malignancy: (Kerala 2000)

a. Choriocarcinoma
b. Carcinoma prostate
c. Hepatoma
d. Teratoma
e. Granulosa cell tumour

30. A female patient complains of periumbilical pain and nausea particularly after taking food. The diagnosis is:

a. Meckel's diverticulum (UPPG 2008)
b. Peptic ulcer syndrome
c. Lactose intolerance
d. None

31. Most common tumour among children 1-5 years in South Africa is: (TN 2009)

a. Neuroblastoma
b. Wilm's tumour
c. Neurofibroma
d. Burkitt's lymphoma

Ref: www.ncbi.nlm.nih.gov/pubmed/19661660

32. First neurosurgeon of India: (SCTIMS 2002)

a. Jacob Chandy
b. Jacob Abraham
c. K.V. Mathal
d. Mathew Chandy

Ref: www.cmch-vellore.edu/pdf/jacob.pdf

Ans.	**17.** d. Diabetes insipidus	**18.** a. Braun's method	**19.** a, b and c	**20.** a. Acromegaly
	21. c. Arteriography	**22.** d. Measles	**23.** d. Cardiomegaly	**24.** d. In tracheostomy
	25. a. Bazin's ulcer	**26.** a. Right main bronchus	**27.** c. CBD	**28.** b. Encircling the trunk…
	29. b. Carcinoma prostate	**30.** a. Meckel's diverticulum	**31.** d. Burkitt's lymphoma	**32.** a. Jacob Chandy

33. Local anesthetics cannot be used at the site of infection because it causes: (MAHE 2001)
a. Spread of infection
b. Lowered efficiency
c. Both
d. None

34. All are true about long flexor tendons except: (Kerala 2005)
a. Flexor digitorum prefunds inserted to distal phalanx bas
b. Flexor digitorum superficialis attached to the sides of middle phalanx
c. Damage to the tendons involves formation of tenoma during repair
d. Good repair results if tendon sheath is damaged

35. No man's land in palm corresponds: (MAHE 2008)
a. Zone I
b. Zone II
c. Zone III
d. Zone IV *Ref: Apley's 8/636-638*

36. Failure of migration of neural crest cells is seen in:
a. Albinism (Kerala 2001)
b. Congenital megacolon
c. Odonotomes
d. Adrenal tumour

37. Hypothermia is used in all except: (PGI 2007)
a. Cardiac surgery
b. Neonatal ischemia
c. Heat stroke
d. Cardiac arrhythmia *Ref: Schwartz 9/e p674*

38. The commonest symptom post operatively seen is:
a. Depression
b. Psychosis (Kerala 2004)
c. Euphoria
d. None of the above

39. The most sensitive qualitative method for detection of air embolism is: (PGI 2004)
a. Doppler ultra sound
b. Elector cardiogram
c. Arterial pressure
d. End expiratory carbon dioxide content

Ref: Schwartz 9/e p787-789

40. Fiberoptic endoscopy is contraindicated in: (PGI 2007)
a. Children
b. Aneurysm of arch of aorta
c. Cervical spondylosis
d. Hemoptysis

Ref: emedicine.medscape.com/article/1890999-overview

41. Depressed bridge of nose can be due to any of the following except: (Karnataka 2003)
a. Leprosy
b. Syphilis
c. Thalassemia
d. Acromegaly *Ref: Harrison 18/e p2894-2895*

42. In sickle cell anemia sudden onset of pancytopenia with hemolysis and no rise of reticulocyte count occurs in:
a. Sequestration crisis (JIPMER 2004)
b. Aplastic crisis
c. Hemolytic crisis
d. Vaso-occlusive crisis *Ref: Harrison 18/e p855*

43. Who said these words: To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all:
a. Hamilton Bailey (Karnataka 2004)
b. Sir Robert Hutchison
c. Sir William Osler
d. J.B. Murphy

Ref: http://en.wikipedia.org/wiki/William_Osler

44. In the acronym "Swelling" used for the history and examination of a lump or swelling, the letter 'N' stands for:
a. Nodes (Karnataka 2004)
b. Noise (Thrill/bruit)
c. Numbness
d. Neurological effects

45. Lamina dura lining the alveolus is: (Karnataka 2002)
a. Cancellous bone
b. Ligament
c. Dense cortical bone
d. Muscle

46. Vidian neurectomy is indicated in: (MAHE 2005)
a. Glossopharyngeal neuralgia
b. Trigeminal neuralgia
c. Vasomotor rhinitis
d. Atrophic rhinitis

Ref: www.ncbi.nlm.nih.gov/pubmed/16686388

47. Orthobaric oxygen in used in: (MAHE 2005)
a. Carbon monoxide poisoning
b. Ventilation failure
c. Anaerobic infection
d. Gangrene

Ref: www.biomedsearch.com/searchlist.html?p=3101...txt=oxygen...

48. 'Tennis elbow' is characterized by: (MAHE 2005)
a. Tenderness over the medial epicondyle
b. Tendinitis of common extensor origin
c. Tendinitis of common flexor origin
d. Painful flexion and extension *Ref: Bailey 25/e p495-496*

49. Pelvic exenteration is known as: (APPG 2006)
a. Miles Operation
b. Lyods operation
c. Finch operation
d. Brunschwigs operation

Ref: medifactsonline.blogspot.com/2011/.../1000-eponyms-in-surgery

50. About congenital torticollis all are except:
a. Always associated with breech extraction
b. Spontaneous resolution in most cases (AIIMS Nov 2006)
c. 2/3rd cases have palpable neck mass at birth
d. Uncorrected cases develop plagicephaly

Ref: Bailey 25/e p582

Ans.
33. c. Both
34. d. Good repair results if…
35. b. Zone II
36. b. Congenital megacolon
37. b. and d.
38. d. None of the above
39. d. End expiratory carbon…
40. b. Aneurysm of arch of aorta
41. d. Acromegaly
42. a. Sequestration crisis
43. c. Sir William Osler
44. b. Noise Thrill/bruit
45. c. Dense cortical bone
46. c. Vasomotor rhinitis
47. a. Carbon monoxide…
48. b. Tendinitis of common…
49. d. Brunschwig…
50. a. Always associated…

51. Dye used in chromo endoscopy for detection of cancer: (AIIMS May 2009)
a. Gentian violet
b. Toluidine blue
c. Hemotoxiline and eosine
d. Methylene blue
Ref: en.wikipedia.org/wiki/Chromoendoscopy

52. Concomitant chemo-radiotherapy is indicated in all of the following except: (All India 2009)
a. Stage IIIB CA cervix
b. T2 N0 M0 anal cancer
c. T2 N0 M0 glottic cancer
d. T1 N2 M0 Nasopharyngeal cancer
Ref: Harrison 18/e p735

53. Smoking may be associated with all of the following cancer's except: (All India 2009)
a. CA Larynx
b. CA Nasopharynx
c. CA Bladder
d. CA Esophagus *Ref: Harrison 18/e p3561-3562*

54. Hutchinson and Pepper syndrome is a feature of: (COMEDK 2004)
a. Von Recklinghausen's
b. Neuroblastoma
c. Renal cell carcinoma
d. Meningioma
Ref: emedicine medscape.com/article/439263-overview

55. Not a submucosal lesion: (Punjab 2009)
a. Lipoma
b. Ranula
c. Carcinoid
d. None *Ref: Bailey 25/e p754*

56. Frozen section is/are used for: (PGI Nov 2009)
a. Enzyme
b. Intra-operative histopathological examination
c. Fat
d. Acid fast bacilli
e. To check surgical margin in tumor surgery
Ref: Bailey 25/e p169-170; en.wikipedia.org/wiki/Histopathology

57. Condition associated with panniculitis is/are: (PGI Nov 2009)
a. Pancreas cancer
b. Chronic pancreatitis
c. Acute pancreatitis
d. Pancreatic divisum
e. Posttraumatic pancreatitis *Ref: Harrison 18/e p419*

58. True about apocrine gland: (PGI June 2009)
a. Modified sweat gland
b. Modified sebaceous gland
c. Present in axilla and groin
d. Hidradenitis suppurativa is infection of apocrine gland
Ref: Bailey 25/e p1266; en.wikipedia.org/wiki/Apocrine_sweat_gland

59. Not associated with fat necrosis: (PGI June 2009)
a. Liposuction
b. Radiotherapy
c. Mammoplasty
d. Carcinoma breast
e. Following trauma
Ref: Breast Pathology By Frances P O Malley (2006/76-78)

60. Which of the following is the most commonly used 'fixative' in diagnostic pathology:
a. Formaldehyde
b. Ethyl alcohol
c. Mercuric chloride
d. Picric acid
Ref: Surgical Pathology by Rosai and Ackermann 9/e p27

61. Aflatoxins are produced by: (All India 2011)
a. Aspergillus flavus
b. Aspergillus niger
c. Aspergillus fumigates
d. Candida *Ref: Ananthnarayan 7/e p625*

62. Axillary abscess is safely drained by which approach: (AIIMS May 2011)
a. Medial
b. Posterior
c. Lateral
d. Floor *Ref: BDC 4/e pI/58*

63. Topical mitomycin C is used in : (AIIMS May 2011)
a. Basal skull carcinoma
b. Tracheal stenosis
c. Skull base osteomyelitis
d. Angiofibroma *Ref: Dhillon 3/e p67*

64. Fixative used in histopathology: (AIIMS May 2012)
a. 10% buffered neutral formalin
b. Bouins fixative
c. Glutaraldehyde
d. Ethyl alcohol

65. Potato nodes are feature of: (DNB 2010)
a. Sarcoidosis
b. Tuberculosis
c. Carcinoid
d. Lymphoma
Ref: Essentials of Chest Radiology by Janette Collins/165

Ans.
51. d. Methylene blue
52. c.T2 N0 M0 glottic cancer
53. None
54. b. Neuroblastoma
55. b. Ranula
56. a, b, c and e
57. a, c and d
58. a, c and d
59. d. Carcinoma breast
60. a. Formaldehyde
61. a. Aspergillus flavus
62. d. Floor
63. b. Tracheal stenosis
64. a. 10% buffered…
65. a. Sarcoidosis…

Section B

PRACTICE QUESTIONS

(Comprising of Questions from Recent Exams and NEET Pattern Questions)

SURGERY

Practice Questions

1. **A young healthy male patient presented with abdominal pain and history of altered bowel habits from the last 6 months. On CT examination, there was dilated distal part of ileum, thickened ileocecal junction with thickened cecum with presence of sacculations on the antimesenteric border. The vascularity of adjoining mesentery is also increased and there is surrounding mesentery fat. Which of the following is not a differential diagnosis?** (AIIMS Nov 2013)
   a. Ulcerative colitis
   b. Crohn's disease
   c. Tuberculosis
   d. Ischemic bowel disease

2. **A child was operated for small intestine mass with intussusception and after the operation the tumor was diagnosed in histological section. Which is the most likely tumor associated?** (AIIMS Nov 2012)
   a. Carcinoid
   b. Villous adenoma
   c. Lymphoma
   d. Smooth muscle tumor

   Ref: Sabiston 19/e p1257-1264; Schwartz 9/e p999-1001; Bailey 25/e p1175-1177; Shackelford 7/e p771

3. **Which of the following is most prominent feature of immunoproliferative small intestine disease (IPSID)?**
   a. Malabsorption (AIIMS May 2012)
   b. Obstruction
   c. Bleeding
   d. Abdominal pain *Ref: Harrison 18/e p944*

4. **Deficiency of which of the following vitamin is most commonly seen in short bowel syndrome with ileal resection?**
   a. Vitamin B12 (DNB 2012, All India 2012)
   b. Vitamin B1
   c. Folic acid
   d. Vitamin K

5. **All of the following statements about carcinoid tumors are true except:** (All India 2012)
   a. It is the most common malignant tumor of the small intestine
   b. Extensive involvement of small intestine is associated with higher probability of lung metastasis
   c. Five year survival for carcinoids tumors is > 60%
   d. Appendiceal carcinoids are more common in females

   Ref: Sabiston 19/e p1258-1262; Schwartz 9/e p999-1001; Bailey 26/e p1159-1160, 25/e p1176-1177; Shackelford 7/e p1021-1023

6. **A 40-year-old male patient presented with mild abdominal pain, mild constipation with a feeling of incomplete evacuation and mucus in stools for the past four years. On examination, tenderness is presenting left iliac fossa. The most likely diagnosis is:** (AIIMS May 2012)
   a. Ulcerative colitis
   b. Diverticular disease of colon
   c. Irritable bowel syndrome
   d. Carcinoma colon

7. **Early postoperative complication of ileostomy:**
   a. Obstruction (AIIMS May 2012)
   b. Prolapse
   c. Diarrhea
   d. Necrosis

8. **A patient of Crohn's disease underwent resection anastomosis. Now present on 7th post-op day with anastomotic leak from a fistula. Every day leakage volume adds upto 150-200 ml. There is no intra-abdominal collection and the patient is stable without any complaints. What will be next line of manage-ment?** (AIIMS May 2012)
   a. Conservative treatment and leave him and hope for the spontaneous resolution
   b. Perform laparotomy and check for leakage site and healthy margins
   c. Perform laparotomy and completely exteriorize the fistula
   d. Perform laparotomy and place drain and leave

   Ref: Sabiston 19/e p1270-1272; Schwartz 9/e p997-998; Bailey 26/e p1179-1180, 25/e p1184-1185; Shackelford 7/e p944-946

9. **Not a cause of acute anal pain:** (AIIMS Nov 2012)
   a. Thrombosed hemorrhoids
   b. Acute anal fissure
   c. Fistula in ano
   d. Perianal abscess

   Ref: Bailey 26/e p1263; Sabiston 19/e p1387, 1391, 1394-1396; Schwartz 9/e p1064-1065

10. **A 30-years old male present with complete rectal prolapse. Which of the following procedure is associated with lowest risk of recurrence?** (All India 2012)
    a. Delorme's procedure
    b. Thiersch procedure
    c. Abdominal rectopexy
    d. Altmeir's procedure

11. **Commonest type of anorectal abscess is:**
    a. Ischio rectal (DNB 2012)
    b. Submucous
    c. Pelvi-rectal
    d. Perianal

    Ref: Sabiston 19/e p1392-1394; Schwartz 9/e p1060-1064; Bailey 26/e p1258-1259, 25/e p1261-1262 Schackelford 7/e p1914

12. **A toddler has few drops of blood coming out of rectum. Probable diagnosis is:** (AIIMS May 2013, AIIMS May 2012)
    a. Juvenile rectal polyp
    b. Adenomatous polyposis coli
    c. Rectal ulcer
    d. Piles

Ans.	**1.** d. Ischemic bowel...	**2.** c. Lymphoma	**3.** a. Malabsorption	**4.** a. Vitamin B12
	5. b. Extensive…	**6.** b. Diverticular…	**7.** d. Necrosis	**8.** a. Conservative…
	9. c. Fistula in ano	**10.** c. Abdominal rectopexy	**11.** d. Perianal	**12.** a. Juvenile rectal polyp

13. Which of the following is not a component of anorectal ring? (AIIMS May 2013)
a. External anal sphincter
b. Puborectalis
c. Anococcygeal raphe
d. Internal anal sphincter

Ref: BDC 5/e pVol-III/e p428; Maingot 11/e p663

14. External anal sphincter is innervated by: (AIIMS Nov 2013)
a. S2, S3, S4
b. S2, S3
c. L5, S1
d. L2, L3

Ref: BDC 5/e pvol II/e p354-355; Gray's 40/e p1158-1159; Snells 8/e p393-394

15. All of the following are true about hernia surgery except:
a. Surgery should not be done unless patient becomes symptomatic (AIIMS Nov 2012)
b. Hernia in children is treated with herniotomy
c. Absorbable mesh should not be used for surgery
d. Surgery can be done using laparoscopy

Ref: Sabiston 19/e p1120-1126; Schwartz 9/e p1318-1331; Bailey 25/e p972-976; Schackelford 7/e p568-579

16. All of the following structures pass through the inguinal cannal in females except: (All India 2012)
a. Ilioinguinal nerve
b. Round ligament of uterus
c. Lymphatics from uterus
d. Inferior epigastric artery *Ref: BDC 5/e pvol II/e p224*

17. Most common cause of isolated splenic metastasis is:
a. Carcinoma pancreas (All India 2012)
b. Carcinoma stomatch
c. Carcinoma ovary
d. Carcinoma cervix

Ref: Oncological Imaging by Paul Silvermann 2012/chapter 31/The spleen

18. Which of the following is true about Buerger's disease?
a. Atherosclerotic (AIIMS Nov 2012)
b. Neural involvement present
c. Ulnar artery and peroneal arteries involved
d. Only arteriole is involved

Ref: Robbins 8/e p517; Sabiston 19/e p1752-1753; Schwartz 9/e p771; Bailey 25/e p923-924; Harrison 18/e p2069

19. After doing a graft repair of a thoraco-abdominal aneurysm, the patients developed weakness. Most probable cause for this: (AIIMS May 2012)
a. Decreased blood supply to the lower limbs
b. Thoraco splanchnic injury
c. Discontinuation of arteria radicularis magna
d. Lumbosacral nerve injury

20. All of the following are true regarding Raynaud's phenomenon except: (AIIMS Nov 2012)
a. It involves acral parts of fingers
b. Migratory thrombophlebitis is seen only in Raynaud's phenomenon
c. Drugs acting by inhibiting the beta receptors in blood vessels also play a role
d. Emotional stress may also precipitate Raynaud's phenomenon

Ref: Harrison 18/e p2071; Sabiston 19/e p1752; Schwartz 9/e p1642; Bailey 26/e p900, 25/e p924

21. What is the best way to control external hemorrhage?
a. Direct pressure (DNB 2012)
b. Elevation
c. Proximal torniquet
d. Artery forceps

Ref: Advanced Assessment and Treatment of Trauma by Americans 2010/71

22. Which of the following is a feature of temporal arteritis?
a. Giant cell arteritis (AIIMS Nov 2012)
b. Granulomatous vasculitis
c. Necrotizing vasculitis
d. Leucocytoclastic vasculitis

Ref: Harrison 18/e p2795; Robbins 8/e p512, 513

23. Which of the following is true about coeliac plexus block?
a. Located retroperitoneally at the level of L3
b. Usually done unilaterally (AIIMS May 2013)
c. Useful for the painful conditions of lower abdomen
d. Most common side effect is diarrhea and hypotension

24. Patient presents with varicose vein with sapheno-femoral incompetence and normal perforator. Management options include all of the following except: (AIIMS Nov 2012)
a. Endovascular stripping
b. Sclerotherapy
c. Sapheno-femoral flush ligation
d. Saphenofemoral flush ligation with striping

Ref: Sabiston 19/e p1803-1811; Schwartz 9/e p790-792; Bailey 25/e p927-932

25. Plasma expanders are used in: (DNB 2012)
a. Septic shock
b. Vasovagal shock
c. Neurogenic shock
d. Cardiogenic shock

26. A patient with spine, chest and abdominal injury in road traffic accident developed hypotension and bradycardia. Most likely reason is: (AIIMS Nov 2013)
a. Hypovolemic shock
b. Hypovolemic + neurogenic shock
c. Hypovolemic + septicemic shock
d. Neurogenic shock *Ref: Harrison 18/e p2222, 2219*

27. In breast conservation surgery, the healthy margion excised is typically: (DNB 2013)
a. 1 cm
b. 2 cm
c. 3 cm
d. 5 cm *Ref: Mastery of Surgery 5/e p525*

Ans.	**13.** c. Anococcygeal…	**14.** a. S2, S3, S4	**15.** a. Surgery should not be…	**16.** d. Inferior epigastric artery
	17. c. Carcinoma ovary	**18.** b. Neural...	**19.** c. Discontinuation...	**20.** b. Migratory...
	21. a. Direct pressure	**22.** a. Giant cell arteritis	**23.** d. Most common...	**24.** b. Sclerotherapy
	25. a. Septic shock	**26.** d. Neurogenic shock	**27.** a. 1 cm	

28. In sentinel node biopsy for breast cancer, the most commonly injured nerve is: (AIIMS May 2013)
a. Lateral pectoral nerve
b. Nerve to lattissimus dorsi
c. Intercostobrachial nerve
d. Long thoracic nerve (Nerve to serratus anterior)

29. CA breast stage T4b involves all except: (AIIMS May 2012)
a. Nipple retraction
b. Skin ulcer over the swelling
c. Dermal edema
d. Satellite nodule

30. Drug used in estrogen dependent breast cancer:
a. Tamoxifene (AIIMS May 2012)
b. Clomiphene citrate
c. Estrogen
d. Adriamycin

Ref: KDT 6/e p304; Goodman and Gillman's 10/e p1440, 144

31. A 50-year-old female has under gone mastectomy for CA breast. After mastectomy patient is not able to extend adduct and internally rotate the arm. Now supply to which of the following muscle is damaged? (AIIMS May 2012)
a. Pectoralis major
b. Teres minor
c. Lattisimus dorsi
d. Long head of triceps *Ref: BDC 4/e pvol-I/62*

32. A 40-year-old female with a 2 cms nodule in the breast and a proved metastatic node in the axilla, treatment is:
a. Quadrantectomy (PGI 2012)
b. Mastectomy with local radiotherapy
c. Patey's with adjuvant chemotherapy
d. Halstedt's operation with tamoxifen

33. Most common presentation of lobular carcinoma breast is:
a. Nipple discharge (DNB 2012)
b. Breast mass
c. Mammographic calcification
d. Nipple retraction

34. Most common site of metastasis from breast carcinoma:
a. Thoracic vertebra (DNB 2012)
b. Pelvis
c. Femur
d. Lumbar vertebra

Ref: Bailey 26/e p811

35. Which one predisposes to breast cancer? (AIIMS 2012)
a. Adenosis
b. Fibrosis
c. Blue domed cysts
d. Epitheliosis

36. BIRADS stands for: (AIIMS Nov 2012)
a. Breast imaging reporting and data system
b. Best imaging reporting and data system
c. Brain imaging reporting and data system
d. Best imaging reporting and data system

Ref: Sabiston 19/e p834

37. Green discharge is most commonly seen with:
a. Duct papilloma (AIIMS Nov 2012)
b. Duct ectasia
c. Retention cyst
d. Fibroadenosis

38. Sign seen in large duct papilloma is: (DNB 2012)
a. Nipple discharge
b. Breast mass
c. Skin excoriation
d. Lymphnode involvement

39. Cystosarcoma phyllodes is treated by: (AIIMS May 2012)
a. Simple mastectomy
b. Radical mastectomy
c. Modified radical mastectomy
d. Antibiotic with conservative treatment

40. Which of the following is least likely to be associated with gynecomastia? (All India 2012)
a. Prolactinoma
b. Adrenal tumors
c. hCG secreting tumors
d. Estrogen secreting tumors *Ref: Harrison 18/e p2889*

41. A lady 35-year-old lactating mother presented with a painful breast lump. Most appropriate initial investigation should be: (AIIMS Nov 2012)
a. Mammography
b. USG
c. MRI
d. X-ray

Ref: Sutton's Radiology 7/e p1456; Schwartz 9/e p467; Sabiston 19/e p2035-2037; Bailey 25/e p846

42. Most common thyroid malignancy is:
a. Anaplastic carcinoma (DNB 2012, MHPGMCET 2002)
b. Follicular carcinoma
c. Medullary carcinoma
d. Papillary carcinoma

43. A 10-year-old boy presented with cervical lymph adenopathy. Needle biopsy from the nodes revealed secondaries from papillary carcinoma of thyroid. The child under went complete removal of tumor near total thyroidectomy and radical neck dissection. What should be the immediate next line of management? (All India 2012)
a. Start thyroxine suppression therapy
b. I-131 whole body scan to assess the extent of disease
c. Bone scan to evaluate secondaries
d. CECT scan to assess any residual disease

Ref: Schwartz 9/e p1365-1367; Sabiston 19/e p911; Bailey 26/e p766-768

44. Psammoma bodies are seen in following except: (PGI 2002)
a. Serous cystadenoma of ovary
b. Mucinous cystadenoma of ovary
c. Meningioma
d. Papillary carcinoma of thyroid

Ans.
28. c. Intercostobrachial
29. a. Nipple retraction
30. a. Tamoxifene
31. c. Latissimus dorsi
32. c. Patey's with...
33. b. Breast mass
34. d. Lumbar vertebra
35. d. Epitheliosis...
36. a. Breast Imaging...
37. b. Duct ectasia....
38. a. Nipple discharge
39. a. Simple mastectomy
40. a. Prolactinoma
41. b. USG
42. d. Papillary carcinoma
43. a. Start thyroxine...
44. b. Mucinous..

45. A 21-year-old woman has 3 cm node in the lower deep cervical chain on the left. The biopsy is interpreted as revealing normal thyroid tissue in a lymph node. The most likely diagnosis is: (DNB 2012, DPG 2009 Feb)

a. Subacute thyroiditis
b. Metastatic carcinoma thyroid
c. Hashimoto's disease
d. Lateral aberrant thyroid

46. Bone metastasis is common in which thyroid tumor:

a. Follicular
b. Papillary (AIIMS Nov 2012)
c. Hurthle cell tumour
d. Anaplastic

47. In case of adenomatoid goiter which carcinoma is commonest to occur: (AIIMS Nov 2012)

a. Medullary carcinoma
b. Follicular carcinoma
c. Papillary carcinoma
d. Anaplastic carcinoma

48. Carcinoma thyroid with blood borne metastasis is:

a. Follicular
b. Papillary (AIIMS Feb 2012)
c. Medullary
d. Anaplastic

49. In case of hypothyroidism which investigation is most informative and most commonly used: (AIIMS June 2012)

a. Serum TSH level
b. Serum T3, T4 level
c. Serum calcitonin assay
d. Serum TRH assay *Ref: Schwartz 9/e p1349; Sabiston 19/e p893; Bailey 26/e p743, 25/e p773; Harrison 18/e p2917*

50. The occurence of hyperthyroidism following administration of supplemental iodine to subject with endemic iodine deficiency goitre is known as: (All India 2012)

a. Jod-Basedow effect
b. Wolff-Chaikoff effect
c. Thyrotoxicosis factitia
d. De-Quervains thyroiditis

Ref: Schwartz 9/e p1348; Sabiston 19/e p892; Harrison 17/e p2241

51. Which of the following most closely represents the lowest detection limit for third generation TSH assays?

a. 0.4 mIU/L (All India 2012)
b. 0.04 mIU/L
c. 0.004 mIU/L
d. 0.0004 mIU/L

Ref: The thyroid: a Fundamental and Clinical Text Lippincott Williams 2008/329-330

52. Tumor arising from olfactory nasal mucosa is:

a. Nasal glioma (All India 2012)
b. Adenoid cystic carcinoma
c. Nasopharyngeal carcinoma
d. Esthesio-neuroblastoma

Ref: Dhingra 5/e p217-218; Washington Manual of Surgical Pathology 2/e p45; Harrison 18/e p820

53. Vascular inflow occlusion of the liver is by: (DNB 2012)

a. Clamping the hepatic artery
b. Occluding the portal vein
c. Clamping the hepatic veins
d. The Pringle maneuver

Ref: Sabiston 19/e p1465-1467; Blumgart 5/e p1547; Shackelford 7/e p1450-1451

54. A patient has a surgical cause of obstructive jaundice. USG can tell all of the following except: (AIIMS Nov 2012)

a. Biliary tree obstruction
b. Peritoneal deposits
c. Gall bladder stones
d. Ascites

Ref: Sabiston 19/e p1481; Schwartz 9/e p1140; Bailey 25/e p1113-1114; Blumgart 5/e p223; Schackelford 7/e p1303

55. Okuda staging contains all except: (ILBS 2012)

a. Bilirubin
b. Tumor size
c. Ascites
d. AFP

Ref: Sabiston 19/e p1455-1456; Blumgart 5/e p1286-1287; Shackelford 7/e p1567-1576

56. All are true about hemangioendothelioma except:

a. Adult variant is benign (ILBS 2012)
b. More common in females
c. Multiple and involve bilateral lobe
d. An indication for liver transplant

Ref: Sabiston 19/e p1459; Blumgart 5/e p1246

57. Which of the following liver metastasis appear hypoechoic on ultrasound? (All India 2012)

a. Breast cancer
b. Colon cancer
c. RCC
d. Mucinous adenocarcinoma

Ref: Focal Liver Lesions Springer 2006/266

58. False in cystadenoma: (ILBS 2012)

a. More common in females due to OCP use
b. Cystadenocarcinoma presents as hemorrhagic fluid
c. Internal septations are better delineated by USG than CT
d. Most patients are symptomatic

Ref: Sabiston 19/e p1464; Schwartz 9/e p1119; Blumgart 5/e p1268-1276; Shackelford 7/e p1459

59. False about hepatic adenoma: (ILBS 2012)

a. Chances of malignancy in 10% cases
b. Rupture in 20% cases
c. Hepatic architecture is maintained
d. Most patients are symptomatic

Ref: Sabiston 19/e p1451; Schwartz 9/e p1120; Bailey 26/e p1083, 25/e p1097; Blumgart 5/e p1258-1262; Shackelford 7/e p1564-1565

Ans. **45.** d. Lateral aberrant... **46.** a. Follicular. **47.** b. Follicular car... **48.** a and c
49. a. Serum TSH level **50.** a. Jod-Basedow... **51.** b. 0.04 mIU/L **52.** d. T3N3M0
53. d. The Pringle.... **54.** b. Peritoneal deposits **55.** d. AFP **56.** a. Adult variant...
57. a. Breast cancer... **58.** a. More common... **59.** c. Hepatic architecture...

60. **Which of the following most significantly increases the risk of HCC?** (AIIMS May 2012)
a. HBV
b. HAV
c. CMV
d. EBV

61. **Most common cause of liver abscess in chronic granulomatous disease:** (ILBS 2012)
a. Klebsiella
b. Staph. aureus
c. Peptostreptococcus
d. E. coli

Ref: Sabiston 19/e p1440-1444; Schwartz 9/e p1115; Bailey 26/e p1080, 25/e p1094; Blumgart 5/e p1006-1115; Shackelford 7/e p1464-1471

62. **A patient with 8 cm × 8 cm abscess in right lobe of liver was treated with aspiration multiple times (3 times) and with systemic amebicide. Now cavity is remaining in right lobe of liver but there is nothing in the cavity. Seven days course of luminal amebicides is given. How will you follow up?**
a. Stool examination only (AIIMS Nov 2012)
b. USG weekly for 1 month followed by monthly USG till 1 year
c. USG weekly for 3 months followed by CT scan at 3 months.
d. USG or CT scan monthly and stool examination weekly

Ref: Sabiston 19/e p1445-1447; Schwartz 9/e p1115-1116; Bailey 25/e p1095; Blumgart 5/e p1016-1024; Shackelford 7/e p1471-1478

63. **Predominant blood supply to the supraduodenal bile duct is derived from:** (All India 2012)
a. Vessels that run upward along the bile duct from the duodenal end of the duct such as the retro-duodenal and gastroduodenal arteries
b. Vessels that run downward along the bile duct from the hepatic end of the duct such as the right hepatic artery
c. Vessels that arise from the hepatic artery proper run up along the CBD and supplies it with twigs in non-axial distribution
d. Vessels that arise from the cystic artery

Ref: BDC 4th/vol-II/275-276; Snell's 8/e p250; Sabiston 19/e p1476-1480

64. **Which of the following is true regarding the principle of use of MRCP?** (AIIMS Nov 2012)
a. Intraluminal dye is used to create the three dimension view of the structures
b. Dye is instilled percutaneously first then MRI is used
c. Use of heavily T2-weighted image without contrast to create the three dimensional image of the biliary tree using MIP algorithm
d. Use of systemic Gadolinium as a contrast agent to create the three dimensional image of the biliary tree

Ref: Blumgart Surgery of Liver, Biliary Tract and Pancreas 5/e p315-315

65. **Non-resectability criteria in hilar cholangio-carcinoma are all except:** (ILBS 2012)
a. Involvement of secondary biliary radicals bilaterally
b. Metastasis to celiac nodes
c. Involvement of right branch of portal vein
d. Contralateral involvement of bile duct

Ref: Sabiston 19/e p1508-1512; Schwartz 9/e p1162; Bailey 26/e p1114 1116, 25/e p1128-1129; Blumgart 5/e p771-788; Shackelford 7/e p1370-1378

66. **Central dot sign is seen in:** (ILBS 2012)
a. Caroli's disease
b. FNH
c. Hemangioma
d. Hepatic adenoma

67. **Diagnostic investigation in carcinoma pancreas:**
a. MDCT (ILBS 2012)
b. PET scan
c. ERCP
d. MRCP

68. **Increased amylase, mucin and CEA is seen in: (ILBS 2012)**
a. IPMN
b. Mucinous cystadenoma
c. Serous cystadenoma
d. Solid pseudopapillary tumor

Ref: Sabiston 19/e p1533-1534; Schwartz 9/e p1234; Blumgart 5/e p903-905; Shackelford 7/e p1220-1222

69. **A 60-years old female presents with history of recurrent abdominal pain. Imaging shows multiple small cystic lesions like bunch of grapes in the head of pancreas with a grossly dilated main pancreatic duct. The most likely diagnosis is:**
a. SCN
b. MCN (All India 2012)
c. IPMN
d. Pancreatic pseudocyst

70. **Which of the following is not a component of APACHE score?** (DNB 2012)
a. Serum potassium
b. Serum sodium
c. Serum calcium
d. Creatinine

71. **Earliest genetic change in carcinoma pancreas:** (ILBS 2012)
a. Her-2-neu
b. p53
c. p16
d. DCC

Ref: Sabiston 19/e p1535-1536; Schwartz 9/e p1219-1220; Bailey 26/e p1137, 25/e p1148-1152; Blumgart 5/e p912-918; Shackelford 7/e p1187-1189

72. **Not a risk factor for carcinoma pancreas:** (ILBS 2012)
a. Acute pancreatitis
b. Diabetes
c. Smoking
d. Obesity

Ref: Sabiston 19/e p1535-1536; Schwartz 9/e p1219-1220; Bailey 26/e p1137, 25/e p1149; Blumgart 5/e p912-918; Shackelford 7/e p1188

Ans.
60. a. HBV
61. b. Staph. aureus
62. b. USG weekly...
63. a. Vessels that run…
64. c. Use of heavily…
65. c. Involvement of right…
66. a. Caroli's disease
67. a. MDCT
68. a. IPMN
69. c. Intraductal papillary…
70. b. Serum calcium
71. a. Her-2-neu
72. a. Acute pancreatitis

73. Most important pathophysiological cause of GERD is:
a. Hiatus hernia (AIIMS May 2012)
b. Transient LES relaxation
c. LES hypotension
d. Inadequate esophageal clearance *Ref: Harrison 18/e p2433*

74. A female patient has dysphagia, intermittent epigastric pain. On endoscopy, esophagus was dilated above and narrow at the bottom. Treatment is: (AIIMS May 2012)
a. PPI
b. Esophagectomy
c. Dilatation
d. Heller's cardiomyotomy

75. A 30-years old male presented with massive hematemesis. A 2 × 2 cm ulcer was visualized on upper GI endoscopy on the posterior aspect of first part of duodenum. The bleeding vessel was visualized but bleeding could not be controlled endoscopically. Blood transfusion was done and patient was planned for surgery. His BP was 90/70 and PR = 110/min with Hb = 9 gm% at the time of surgery. Which of the following would be best surgical management?
a. Antrectomy with ligation of left gastric artery
b. Duodenotomy with ligation of bleeding vessels with postoperative PPI (All India 2012)
c. Duodenotomy with ligation of bleeding vessels, truncal vagotomy and pyloroplasty
d. Duodenotomy with ligation of bleeding vessels, highly selective vagotomy
Ref: Sabiston 19/e p1195-1196; Schwartz 9/e p917-918; Bailey 26/e p1040-1042, 25/e p1062-1063; Shackelford 2012 7/e p711-713

76. Which of the following vessel is most commonly involved in hemorrhage from duodenal ulcer? (All India 2012)
a. IVC
b. Gastroduodenal artery
c. SMA
d. Inferior pancreatico duodenal artery
Ref: Sabiston 19/e p1195-1196; Schwartz 9/e p917-918; Bailey 26/e p1042-1043, 25/e p1064; Shackelford 7/e p711-714

77. A 60-years old male had a sudden fall in toilet. His BP was 90/50 mmHg and PR=100/min. His relatives reported that he is a known case of hypertension and CAD and was regularly taking aspirin, atenolol and sorbitrate. The most likely diagnosis:
a. Gastric ulcer with bleeding (AIIMS May 2012)
b. Acute MI with cardiogenic shock
c. Acute CVA
d. Pulmonary embolism *Ref: Harrison 18/e p2444*

78. A patient present with pain and tenderness in the left iliac fossa. USG shows a 3 cm stone in the renal pelvis without any hydro-nephrosis. Most appropriate management:
a. PCNL (AIIMS May 2012)
b. ESWL
c. Diuretics
d. Medical dissolution threapy with KCl
Ref: Smith 17/e p260-270; Campbell 10/e p1287-1293, 1371-1373; Bailey 26/e p1293, 25/e p1274, 1295-1300

79. All are indicated in a patient with cystinuria with multiple renal stones except: (AIIMS Nov 2012)
a. Cysteamine
b. Increase fluid intake
c. Alkalinization of urine
d. Penicillamine
Ref: Harrison 18/e p3221; Smith 17/e p249-254; Campbell 10/e p1296-1302; Bailey 25/e p1295-1300

80. Which of the following advises is not given to a 35 years old female patient with recurrent renal stone?
a. Increase water (AIIMS Nov 2012)
b. Restrict protein
c. Restrict salt
d. Restricted calcium intake
Ref: Harrison 18/e p 1817; Smith 17/e p271

81. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be: (AIIMS May 2012)
a. WBC cast
b. Leucocyte esterase test
c. Nitrite test
d. Bacteria in Gram stain *Ref: Smith 17/e p196*

82. A patient with a suspected renal tumor/mass is diagnosed by exfoliative urinary cytology. Which of the following histological types is most likely to be diagnosed on urinary exfoliative cytology? (All India 2012)
a. Transitional cell carcinoma
b. Adenocarcinoma
c. Well differentiated carcinoma (Low grade)
d. All three type can be easily detected on exfoliative cytology

83. Which of the following is the treatment of choice for stage I Wilm's tumor? (All India 2012)
a. Laparoscopic nephrectomy
b. Open nephroureterectomy
c. Chemotherapy
d. Observation *Ref: Sabiston 18/e p2082*

84. All of the following structures cross the right ureter anatomically except: (All India 2012)
a. Terminal ileum
b. Vas deferens
c. Genitofemoral nerve
d. Right colic and ileocolic vessels *Ref: BDC 5/e p325, 326*

85. Which of the following is false regarding endemic bladder stones? (AIIMS Nov 2013)
a. Always associated with recurrence
b. High incidence in cereal based diet
c. Peak incidence in 3 years old children in India
d. Most common type is ammonium urate or calcium oxalate
Ref: Smith 17/e p272-273; Campbell 10/e p2522; Bailey 25/e p1323-1325

86. Interstitial cystitis is also known as: (DNB 2012)
a. Eosinophilic cystitis
b. Radiation cystitis
c. Hunners cystitis
d. Tubercular cystitis *Ref: Bailey 26/e p1328; Smith 17/e p576*

Ans.
73. b. Transient Les... **74.** d. Heller's… **75.** c. Duodenotomy with… **76.** b. Gastroduodenal artery
77. a. Gastric ulcer with… **78.** a. PCNL **79.** a. Cysteamine **80.** d. Restricted calcium intake
81. c. Nitrite test **82.** a. Transitional cell… **83.** b. Open… **84.** c. Genitofemoral nerve
85. a. Always associated… **86.** c. Hunner's cystitis

87. Osteoblastic metastasis commonly arise from:
(AIIMS May 2013)
a. Breasts
b. Prostate
c. Lung
d. RCC

Ref: Harrison 18/e p820-821; Devita 9/e p2512-2513; CSDT 12th/1202

88. In a couple for treatment of infertility from the last four years, female partner is normal. Male partner has 0.8 ml semen volume per ejaculate on two repeated samples and absent fructose, with no sperms on examination under microscope. What is the next line of management?
(AIIMS Nov 2013)
a. Per-rectal examination to check ejaculatory duct obstruction
b. Give antioxidants
c. Testicular biopsy
d. Transrectal ultrasound to detect duct obstruction

Ref: Smith 17/e p691-699

89. A 60 year-old male presented with fever, chills and dysuria. Patient was hospitalized in emergency for 5 days. PSA level was 7.4. Next best step in this patient: (AIIMS Nov 2013)
a. Repeat PSA
b. TURP
c. TRUS guided biopsy
d. Antibiotics and admit

Ref: Smith 17/e p208-209; Campbell 10/e p333-337; Bailey 25/e p1359

90. A 70 year-old man with prostate cancer was given radiotherapy. The recurrence of the cancer is monitored biochemically by: (AIIMS Nov 2012)
a. Androgens only
b. Prostate specific antigen and carcinoembryonic antigen
c. Prostate specific antigen only
d. ALP and CEA

Ref: Smith 17/e p355-169; Campbell 10/e p2715-2740; Bailey 25/e p1354-1357; Harrison 18/e p801

91. Sentinel lymph node biopsy was first done in: (DNB 2012)
a. Carcinoma breast
b. Carcinoma colon
c. Carcinoma penis
d. Melanoma

Ref: Mastery of Surgery 5/e p1531

92. With the knowledge of anatomy of the pelvis and perineum, which of the following is true regarding collection of urine in urethral rupture above deep perineal pouch?
(AIIMS Nov 2012)
a. Medial aspect of thigh
b. Scrotum
c. True pelvis only
d. Anterior abdominal wall

93. In "three glass test" shreds are presents in first glass only. The most probable diagnosis is: (DNB 2012)
a. Urethritis
b. Cystitis
c. Prostatitis
d. Renal pathology

Ref: Bailey 25/e p1366

94. Which of the following investigation is used to confirm anorchia? (AIIMS Nov 2013)
a. PET
b. MRI
c. Laparoscopy
d. USG

Ref: Smith 17/e p25, 690, 704; Oxford Handbook of Urology 2/e p618-620; Campbell 10/e p3560-3574; Bailey 26/e p111

95. Tumor marker for seminoma: (AIIMS Nov 2013)
a. PLAP
b. LDH
c. AFP
d. HCG

Ref: Smith 17/e p375-381; Campbell 10/e p3725-3729; Bailey 25/e p1384-1387

96. Which of the following structure in the spermatic cord is not damaged during vasectomy? (AIIMS Nov 2012)
a. Testicular artery
b. Ilioinguinal nerve
c. Autonomic nerves
d. Pampiniform plexus

Ref: BDC 5/e vol II p224; 4/e vol II p201, 208; Snells 7/e p175-177; Grays Anatomy 40/e p1262

97. A patient presents with sudden onset of breath lessness after subclavian vein cannulation. On examination, breath sounds are absent while the chest is hyper-resonant on percussion on one side. Most likely cause is:
(All India 2012)
a. Iatrogenic pnumothorax
b. Subclavian vein air embolus
c. Malposition of cannula
d. Cardiac arrhythmia

Ref: Complications in Anesthesiology by Kirby 2007/169

98. A patient after road traffic accident presented with tension pneumothorax. What is the first line of management?
(AIIMS Nov 2013)
a. Insert wide bore needle in 2nd intercostal space
b. Immediate chest X-ray
c. CT scan
d. Emergency thoracotomy

Ref: Sabiston 19/e p1599; Schwartz 9/e p138; Bailey 25/e p342

99. All of the following statements about non-small cell carcinoma of lung (NSCCL) are true except:
(All India 2012)
a. Contralateral mediastinal nodes are contraindication to surgical resection
b. Single agent chemotherapy is preferred for patients >70 years with advanced disease
c. Squamous cell carcinoma is the most common NSCCL among Asian population
d. Geftinib is most effective for female smokers with adenocarcinoma histology

Ref: Harrison 18/e p751; Davidson 21st/703

Ans.
87. b. Prostate
88. d. Transrectal ultrasound to…
89. d. Antibiotics and admit
90. c. Prostate specific
91. c. Carcinoma penis
92. c. True pelvis only
93. a. Urethritis
94. c. Laparoscopy
95. a. PLAP
96. b. Ilioinguinal nerve
97. a. Iatrogenic pneumo...
98. a. Insert wide bore...
99. d. Geftinib is most...

100. Topical application of mitomyin C is recommended for:
a. Endoscopic treatment of angiofibroma (All India 2012)
b. Sturge-Weber syndrome
c. Skull bone osteomyelitis
d. Laryngotracheal stenosis

Ref: Dhillon 3rd/67

101. CXR of industrial worker exposed to asbestos over 20 years shows an ill-defined round opacity in the lower lobe with a comet tail appearance on PA-view. Which of the following is the most likely diagnosis? (All India 2012)
a. Mesothelioma
b. Bronchogenic carcinoma
c. Round atelectasis
d. Pulmonary infarct

Ref: Thoracic Imaging by Golanski Thieme 2010/Atelectasis/Chapter 2

102. Coronary graft is most commonly taken from: (DNB 2012)
a. Femoral vein
b. Saphenous vein
c. Axillary vein
d. Cubital vein

Ref: Bailey 26/e p828

103. Which of the following is false about hemoptysis? (AIIMS Nov 2013)
a. Massive hemoptysis is bleeding >600 ml in 24 hours
b. In 90% cases, bleeding from bronchial arteries
c. CT chest is the first investigation done
d. In an unstable patient, rigid bronchoscopy is done to identify the lesion

Ref: Harrison 18/e p285; Sabiston 19/e p1589

104. Which of the following is most characteristic feature of ARDS? (All India 2012)
a. Diffuse alveolar damage
b. Hypoxia and hypoxemia
c. Surfactant deficiency
d. Hypocapnia

105. During emergency thoracotomy, the incision is made > 1 cm lateral to sternal margin to preserve: (All India 2012)
a. Intercoastal artery
b. Superior epigastric artery
c. Internal mammary artery
d. Intercostal vein

106. Best method to assess burns in 5 years old child caused by boiling water: (AIIMS May 2013)
a. Palm method
b. Rule of 9
c. Lund and Browder chart
d. Rule of one

Ref: Schwartz 19/e p199-200

107. A child has circumferential burn of both of thighs and buttocks, face and scalp with singeing of hairs. Calculate the percentage of burns: (AIIMS May 2013)
a. 24
b. 27
c. 37
d. 45

Ref: Sabiston 19/e p524

108. Myoglobinuria is seen in which type of burn? (DNB 2012)
a. Flame burn
b. Scald burn
c. Electric burn
d. Contact burn

109. Least common site for spread of melanomas: (DNB 2012)
a. GIT
b. Lungs
c. Liver
d. Renal

110. Characteristic feature of basal cell carcinoma is: (AIIMS May 2012)
a. Keratin pearls
b. Foam cells
c. Nuclear palisading
d. Psammoma bodies

111. Common site for extradural hemorrhage: (DNB 2012)
a. Frontal
b. Temporo-parietal
c. Occipital
d. Brainstem

112. An adult hypertensive male presented with sudden onset severe headache and vomiting. On examination, their is marked neck rigidity and no neurological deficit was found. The symptoms are most likely due to:
a. Intracranial parenchymal hemorrhage
b. Ischemic stroke (AIIMS May 2013, AIIMS May 2012)
c. Meningitis
d. Subarachnoid haemorrhage

113. A person with inappropriate words evaluated by GCS will have a verbal score of: (All India 2012)
a. 4
b. 3
c. 2
d. 1

114. A new born with meningomyelocele has been posted for surgery. The defect should be immediately covered with:
a. Normal saline guaze (AIIMS May 2013, All India 2012)
b. Povidone iodine guaze
c. Tincture benzoin guaze
d. Methylene blue guaze

Ref: Sabiston 19/e p1910; Schwartz 9/e p1553; Bailey 26/e p611, 25/e p483, 641

115. Extra-axial intracranial lesion showing contrast enhancement on MRI: (All India 2012)
a. Meningioma
b. Ependymoma
c. Arachnoid cyst
d. Astrocytoma

Ans.				
	100. d. Laryngotracheal....	**101.** c. Round atelectasis	**102.** b. Saphenous vein	**103.** c. CT chest...
	104. a. Diffuse alveolar...	**105.** c. Internal mammary artery	**106.** **c.** Lund and Browder...	**107.** c. 37
	108. c. Electric	**109.** d. Renal	**110.** c. Nuclear Palisading	**111.** b. Temporo-parietal
	112. d. Subarachnoid…	**113.** b. 3	**114.** a. Normal saline	**115.** a. Meningioma

116. A lady had meningioma with inflammatory edematous lesion. She was planned for surgery. Junior resident mistake in writting preoperative notes is: (AIIMS May 2012)
a. Stop steroids
b. Wash head with shampoo
c. Antibiotic sensitivity
d. Continue antiepileptics

117. Widened neural foramina is frequently seen in:
a. Neurofibromatosis (All India 2012)
b. Tuberous sclerosis
c. Sturge-Weber syndrome
d. Klippel-Fiel syndrome
Ref: Differential Diagnosis in Conventional Radiology (Thieme 2007/260

118. Which of the following statement about VHL syndrome is true? (All India 2012)
a. Multiple tumors are rarely seen
b. Craniospinal hemangioblastoma are common
c. Supratentorial tumors are common
d. Tumors of Schwann cells are common

119. All of the following are true about long terms sequel of cranio spinal radiothreapy for children with CNS tumors except:
a. Neurocognitive dysfunction (All India 2012)
b. Endocrinologic dysfunction
c. Musculoskeletan hypoplasia
d. Neuropscychological sequel are independent of radiation dose
Ref: Tumors of Pediatric CNS (Thieme 2001/141

120. Stereotactic surgery is used for treatment of:
a. Brain tumor (AIIMS Nov 2012)
b. Lungs carcinoma
c. Cervix cancer
d. Renal carcinoma
Ref: Sabiston 19/e p1900-1902; Schwartz 9/e p1552-1553

121. Highly vascular tumor of brain and spinal cord in adults:
a. Metastasis (AIIMS May 2013)
b. Pilocytic astrocytoma
c. Hemangioblastoma
d. Cavernous malformation
Ref: Harrison 18/e p793; Sabiston 19/e p1888; Schwartz 9/e p1541

122. Second primary tumor of head and neck is most commonly seen in malignancy of: (AIIMS May 2012)
a. Oral cavity
b. Larynx
c. Hypopharynx
d. Paranasal sinuses
Ref: Second primary malignancies in patients with head and neck cancers by Sandeep Samant, Head and Neck 2005; 27; 1042

123. Treatment for stage T3N1 of carcinoma maxilla is:
a. Radiation therapy only (DNB 2012)
b. Chemotherapy only
c. Surgery and radiation
d. Chemotherapy and radiation
Ref: Bailey 26/e p718, 25/e p746-747; Devita 9/e p768-771; Cancer of the Head and Neck by Suen and Myer 4/e p179

124. In the reconstruction following excision of previously irradiated cheek cancer, the flap will be:
a. Local tongue (DNB 2013)
b. Cervical
c. Forehead
d. Pectoralis major myocutaneous
Ref: Bailey 26/e p716, 25/e p744; Devita 9/e p749; Cancer of the Head and Neck by Suen and Myer 4/e p302-305

125. Which jaw cyst is premalignant? (AIIMS May 2012)
a. Nasopalatine cyst
b. Radicular cyst
c. Odontogenic keratocyst
d. Dentigerous cyst
Ref: Scott-Brown's Otorhinolaryngology 7/e p1924, 1925

126. What are Rushton bodies? (DNB 2012)
a. Hyaline bodies of odontogenic cyst
b. Refractile bodies of radicular cyst
c. Bodies seen in ameloblastoma
d. Hyaline bodies seen in dentigerous cyst
Ref: Shafers 6/e p268

127. After removal of parotid gland, patient is having sweating on the cheeks while eating. In this complication seen after parotidectomy, the auriculotemporal nerve which contains parasympathetic secretomotor fibers to parotid gland is fused with which nerve? (AIIMS May 2012)
a. Greater petrosal nerve
b. Facial nerve
c. Greater auricular nerve
d. Buccal nerve
Ref: Grays 40th/436; Bailey 26/e p734, 25/e p763-764

128. The nerve sacrificed in parotid surgery: (DNB 2013)
a. Auriculotemporal
b. Facial
c. Buccal
d. Cervico facial

129. All are do about submucosal cleft palate except: (DNB 2012)
a. Bifid uvula
b. Notched hard palate
c. Lip pits
d. Zonapellucida
Ref: Cleft Palate and Craniofacial abnormalities by Ann W. Kummer/51

130. All of the following produce osteoblastic secondaries except:
a. CA Prostate (DNB 2012)
b. Carcinoid tumors
c. CA Breast
d. Multiple myeloma

131. Amifostine is: (AIIMS May 2012)
a. Radiosensitiser
b. Radioprotector
c. Radiomodifier
d. Radiomimetic *Ref: Radiation Oncology 8/e p41*

Ans.	**116.** a. Stop steroids	**117.** a. Neurofibromatosis	**118.** b. Craniospinal…	**119.** d. Neuropsychological…
	120. a. Brain tumor	**121.** c. Hemangioblastoma	**122.** a. Oral cavity	**123.** c. Surgery and radiation
	124. d. Pectoralis major…	**125.** c. Odontogenic keratocyst	**126.** a. Hyaline bodies of…	**127.** c. Greater auricular…
	128. b. Facial	**129.** c. Lip pits	**130.** d. Multiple myeloma	**131.** b. Radioprotector

132. Which of the following is radioprotective agent? (All India 2012)
a. Cisplatin
b. Amifostine
c. Methotrexate
d. Colony stimulating factor

133. Sentinel lymph node biopsy is done in all except: (DNB 2012)
a. CA breast
b. CA penis
c. Malignant melanoma
d. CA colon

134. Most common Non-Hodgkin's lymphoma of orbit: (AIIMS May 2013)
a. B cell
b. T cell
c. NK cell
d. Plasma cel

Ref: http://www.mdanderson.org/patient-and-cancer-information/cancer-information/cancer-types/eye-cancer/orbit.html

135. Which of the following immunohistochemical marker can be used for the diagnosis of rhabdomyosarcoma? (AIIMS May 2013)
a. Myeloperoxidase
b. Desmin
c. Cytokerartin
d. Synaptophysin

Ref: Devita 9/e p1780-1784; Sabiston 19/e p1862-1864; Schwartz 9/e p1299-1300

136. Which of the following is the most common tumor of newborn? (All India 2012)
a. Neuroblastoma
b. Wilm's tumors
c. Leukemia
d. Sacrococcygeal teratoma

Ref: Surgery of Childhood Tumors (Springer 2008/49

137. Primitive streaks remnants give rise to: (DNB 2012)
a. Neuroblastoma
b. Wilm's tumour
c. Sacrococcygeal teratoma
d. Hepatoblastoma

Ans. **132.** b. Amifostine **133.** d. CA colon **134.** a. B cell **135.** b. Desmin
136. d. Sacrococcygeal... **137.** c. Sacrococcygeal…